



WISC Special Motion Club Registration Packet

Hello and welcome to the Williamsburg Indoor Sports Complex (WISC) Special Motion Club. The WISC is dedicated to providing an environment where people of all ages can safely enjoy sports, recreation, fitness, and education. We are committed to providing professional, high quality programs that are consistent with our belief that we are here to serve our members and the community. Additionally, the WISC Gymnastics program strives to provide a strong foundation for children to help develop their natural abilities in a fun, safe, and encouraging environment by offering the highest quality gymnastics and tumbling programs for boys and girls of all ages. Our goal is to develop happy, healthy, well-rounded children with strong self-esteem and great confidence. With these goals and missions in mind, we have developed the Special Motion Club.

The mission of the WISC Special Motion Club is to provide a positive physical, emotional, and social experience to individuals with special needs through the use of individualized and adapted techniques and skills derived from the sport of gymnastics. We seek to enrich the lives of children, and families of children, with special needs in the Williamsburg and surrounding communities while recognizing that all individuals have different abilities, learning styles, and personalities. This makes it necessary to provide a wide range of activities that are adaptable to the specific needs and goals of those participating in the club. These activities will be planned and presented by personnel trained in and experienced with the unique demands of this program.

The attached packet was compiled in order to be able to provide the individualized and specialized physical fitness experience that we are striving for. Included you will find forms and questionnaires designed to provide the Club Team with the information needed to create a plan for your child. You will also find the Terms of Commitment and Payment Guidelines and the WISC Waiver and Release. Please read through the packet and completely and accurately fill out all forms and questionnaires. Additional information including a medical form completed by your family physician may be required. If you have any questions regarding this packet and/or the WISC Special Motion Club, please feel free to contact our team members.

Thank you for your interest in and enthusiasm about the Special Motion Club program. We are excited to have the opportunity to provide a safe, encouraging, and challenging fitness environment for you and your family. We can't wait to begin!!

Diana McCummings: Special Motion Club Coordinator
And The Special Motion Club Team

Checklist

- Fill out & return registration forms
- Club coordinator will initiate contact via email or phone
- Special Motion Club Start Date: _____



WISC Special Motion Club Eligibility Form



Date: _____

Name of Participant: _____ Gender: _____ Age: _____ Grade: _____

Confirmed Diagnosis: _____

Please check all that apply:

Cognitive/Learning Disability

Physical/Musculoskeletal Disability

Visual / Perceptual Impairment

Hearing Impairment

Seizures

Balance Problems

Asthma

Attention Deficit

Other conditions that may impact participation: _____

Please note, currently we are unable to accommodate children requiring assistive technology for Mobility (wheelchair, walker, crutches).

Name of Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

What is the best form of communication? _____ Best time of day? _____

A parent/guardian familiar with the unique needs of the participant must be present and able to participate in each club session.

As parent/guardian of participant, I hereby give permission for the above named minor to participate in the Williamsburg Indoor Sports Complex (WISC) Special Motion Club. I acknowledge that the activities involved carry a reasonable assumption of risk and hereby release WISC from any and all claims or actions relating to, directly or indirectly, injuries incurred during the participation in this club. I understand that my presence and participation is required at every club session.

Parent/Guardian Signature

Date



WISC Special Motion Club Individual Assessment



The following questions were designed as an “informal” assessment to help ensure your child has an enjoyable and successful experience at WISC Special Motion Club. Please feel free to write as much as you would like on each question.

Child's Name: _____ Birth Date: _____ Date: _____

1. Does your child have a preferred learning style? (Visual, auditory, experiential, etc.)? _____

2. What are your child's academic strengths? _____

3. How long is your child's attention span when doing something he/she enjoys? _____

4. What types of reinforcements do you use in conjunction with his/her learning (i.e., stickers, stamps)? _____

5. What goals are you interested in having your child work on at WISC Special Motion Club? (including IEP goals) _____

6. Does your child have any allergies that we should be aware of? _____

7. Please explain any medical conditions and/or physical limitations that we should be aware and/or that may impact your child's ability to participate fully in the WISC Special Motion Club. _____

8. If your child is taking medication(s), please describe any physical affects that we may need to be aware of (i.e. balance, focus, stamina) _____

9. How does your child primarily communicate? _____

10. If your child is unhappy or angry how does he/she express his/her feelings? _____

11. Are there activities or stimuli that your child does NOT particularly enjoy? _____

12. Does your child prefer to play with other children or playing alone? _____

13. If your child does not follow the rules or is uncooperative at home or at school, how is this handled? _____

14. Are there any behaviors that you are working on changing, either increasing or reducing, that we should be aware of? _____

15. Does your child do best when following a schedule? _____

16. Does your child hit, bite when upset or is he/she harmful to others in any way? _____

17. Is your child sensitive to loud noises? If yes, are there particular noises that are better/worse than others? _____

18. Does your child give eye contact when communicating? _____

19. Does your child enjoy or dislike particular body movements? (twirling, rocking) _____

20. Is your child sensitive to certain textures or fabrics? _____

21. Does your child enjoy or dislike physical contact or close proximity to others? If yes, how does he/she react? _____

22. Does your child enjoy or dislike being barefoot? _____

23. Does your child have a tendency to wander off? _____

24. Does your child put things in his/her mouth often? _____

Comments or additional relevant information: _____



2018/2019 WISC Special Motion Club Terms of Commitment and Payment Guidelines

Athlete's Name: _____

Class Schedule: Please check one

Preschool: ages 3-5 _____

- Thursday, 5:30-6:30 pm

School Age: ages 5-12 _____

- Summer: Monday, 5:00-6:00

- Fall: Friday, 5:00-6:00

Term: June 1, 2018 through May 31, 2019

Tuition Fee: \$30 monthly

Payment Schedule: Payments will be charged to the card on file on the first (1st) of the month.

Cancellation Policy: A cancellation form must be completed with 30 days advanced notice. Monthly payments that fall within that 30 days will still be charged.

Payment Options (card only): Visa or MasterCard

Medical Issues: In the event of an injury, extended illness or other special medical circumstances lasting more than a month in length, an athlete may request in writing to WISC Gymnastics Director to waive fees for lost time. A medical note must accompany the request from a physician, indicating the nature of the injury and the expected time of recovery.

Parent/Guardian Signature



2018/2019 Special Motion Club Media Release



Parent Release Form for Media Recording

I, the undersigned, do hereby grant permission for WISC to use the image of my child (child's name) _____ . Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the WISC Web site and Facebook pages.

Parent/Guardian

Signature _____ Date _____



WISC Special Motion Club

Registration Form



(Please Print)

Provide us with the email address you check frequently!

Child's Name (First, Last) _____

Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian Name: _____

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Parent/Guardian Name: _____

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

Payment Information

Credit/ Debit Card Information: (required)

Card Type: VISA MASTERCARD

Account Number _____ 3 Digit Security Number _____

Expiration Date (MM/YY) _____

Card Holder Name _____

Billing Address _____

City _____ State _____ Zip _____

Office Use Only Amount Charged _____ Date To Charge _____



WAIVER AND RELEASE

**Williamsburg Indoor Sports Complex
INDIVIDUAL AGREEMENT:**

I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Williamsburg Indoor Sports Complex LLC ("WISC"). WISC's facilities are below referred to as "the WISC".

1. In consideration of gaining membership or being allowed such use or participation at WISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge WISC and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in WISC's facilities or arising out of any activities or events occurring at the WISC. Please Initial _____

2. I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at the WISC are either educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at WISC is strictly voluntary and has not been requested or required by WISC. I further agree that my participation in any and all of the activities at WISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property. Please Initial _____

3. I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at the WISC. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, programs, facilities and services at the WISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them. Please Initial _____

4. Finally, I understand that the activities, facilities, equipment, programs and services offered at the WISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of WISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by WISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by WISC to provide such professional services. Please Initial _____

PARENT/GUARDIAN-CHILD AGREEMENT: I am hereby giving my consent and permission for my child/children (List child/children's names in the lines provided.)

to be an active member of the WISC and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to workout or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that WISC is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Participant Name: _____ Date: _____
(Please Print)
Participant's Signature: _____ Date: _____
(If member is under 18 – Parent's Signature)
WISC Representative: _____ Date: _____