

# Everyone Wins Basketball



Every Tuesday Night  
April 10-May 8 6:00-8:00



5 days of fun basketball drills  
and games for individuals with  
special needs

Independence Fieldhouse  
6354 Selig Drive, Independence, Ohio 44131

**\$80**

216-378-0932

www.thebasketballacademy.com

## REGISTRATION FORM

www.basketballassist.com to register online / Call 216.378.0932 for more information.



**PRE-REGISTER ONLINE OR BY MAIL. OR BRING THIS COUPON PLUS PAYMENT TO THE EVENT (SUBJECT TO ROOM AND AVAILABILITY)**

Please complete this registration form, including parent or guardian signature, and send to:  
Basketball Assist, 27600 Chagrin Blvd., Suite 450, Woodmere, OH 44122

Make all checks payable to: Basketball Assist

ALL SALES ARE FINAL. NO REFUNDS OR EXCHANGES WILL BE ISSUED.



\*Please note all credit cards will be subject to a convenience charge of 4% of the total dollar transaction.

Child's Name \_\_\_\_\_  
 Primary Disability \_\_\_\_\_ Secondary Disability \_\_\_\_\_  
 Parent or Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_  
 Parent's Cell Phone \_\_\_\_\_ Child D.O.B. (MM/DD/YY) \_\_\_\_\_ Grade \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-Digit Security# \_\_\_\_\_ (on back of card)

Amt. charged to card \$ \_\_\_\_\_

The SIGNER grants permission to Basketball Assist (and its designees and agents) to utilize the Signer's child's image, likeness, actions and statements in any form of recorded audio, video, or photographic display of other transmission, exhibition, publication or reproduction made of, or of, the Event in any medium of context without further authorization of compensation.

We, the undersigned, do hereby consent to our child's participation in Basketball Assist camp. Our child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by Basketball Assist, I/we do further release their agents and employees and any others associated with the camps from any and all claim of liability to us of our child for any damages or injuries which may be sustained by our child in connection with Basketball Assist camps.

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by: \_\_\_\_\_ (pre-fetted physician and phone) or by another licensed physician of the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians of dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent or Guardian Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_



# PLEASE RETURN TO:

Achievement Centers for Children  
ATTN: Zack Schreiber  
15000 Cheerful Lane  
Strongsville, OH 44136  
Fax: 440-238-1858



## Everyone Wins Player Skills Self Assessment Form

Name of Participant \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Email Address \_\_\_\_\_

### GENERAL INFORMATION FOR EVERYONE WINS PROGRAM

Primary Disability \_\_\_\_\_

Secondary Disability (if applicable) \_\_\_\_\_

School or workshop currently attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Enrolled in special class?  YES or  NO What type? \_\_\_\_\_

Enrolled in therapy?  YES or  NO What type? \_\_\_\_\_

#### **SPECIAL CONCERNS:** Please check all that apply

- Shyness
- Divorced or separated parents
- Physical activity must be monitored or restricted (Explain) \_\_\_\_\_
- None/no special concerns

#### **SOCIAL CONCERNS:** Please check all that apply

- Reacts to frustration
  - Does not like group participation
  - Has poor peer relationships
  - Does not like supervision or authority
  - None/no concerns
- Explain \_\_\_\_\_

#### **LANGUAGE AND COMMUNICATION:** Please check all that apply

- Uses sign language
  - Uses Communication Device
  - Picture exchange
  - Has difficulty speaking
  - Has difficulty being understood
  - Understands verbal instructions
  - Has no communication needs
- Please describe special words and phrases used at home that would be helpful for communication: \_\_\_\_\_

#### **EQUIPMENT:** Please check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Able to walk alone                  | <input type="checkbox"/> Uses hearing aid  |
| <input type="checkbox"/> Uses crutches or cane               | <input type="checkbox"/> PE Tubes          |
| <input type="checkbox"/> Uses walker                         | <input type="checkbox"/> Eyeglasses        |
| <input type="checkbox"/> Uses wheelchair/manual              | <input type="checkbox"/> AFO's             |
| <input type="checkbox"/> Needs assistance pushing wheelchair | <input type="checkbox"/> None/no equipment |
| <input type="checkbox"/> Uses wheelchair/power               |  |

Will any equipment accompany client to the program?  YES or  NO Explain \_\_\_\_\_

**BEHAVIORS:** Has client ever displayed the following? Please check a response for each:

Hitting	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Pinching	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Biting	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Kicking	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Spitting	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Scratching	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Bullying	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Swearing	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Wandering	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Withdrawal	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Impulsivity	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Non-compliance	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Mood Swings	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never
Anxiety	<input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> Never

Please describe any behaviors or behavior strategies: \_\_\_\_\_

### **FOR CLIENTS PARTICIPATING IN EVERYONE WINS PROGRAM**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**COORDINATION:** Please check all that apply

Right Arm/Hand Use	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Left Arm/Hand Use	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Right Leg/Foot Use	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Left Leg/Foot Use	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Balance	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor

**SENSORY ISSUES:** Please check all that apply

- Tactile/Touch
- Auditory/Sound
- Visual
- Balance
- Clumsiness
- None/No sensory concerns

Explain sensory concerns and/or strategies: \_\_\_\_\_

**TRUNK CONTROL:** Please check all that apply

- Sits up on own
- Hypertonic movement (High tone – rigid/tight muscle movement)
- Hypotonic movement (Low tone – loose flexibility)

Can participant walk independently	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can participant run independently	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can participant throw a ball	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can participant catch a ball	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can participant hold their head up independently	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**PLEASE READ CAREFULLY:** I give consent for myself or my child to participate in the activities of the Achievement Centers for Children and the National Basketball Academy Programs.

Signature of Participant / Parent / Guardian

Date