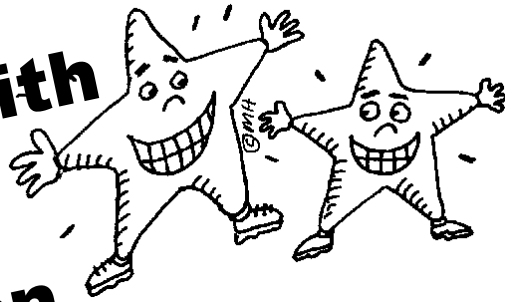


Skating Therapy with Adaptive Recreation



Special Needs Learn To Skate Program

Welcome to the Taylor Sportsplex STAR Program (Skating Therapy with Adaptive Recreation). This Special Needs Learn-to-Skate program is divided into several comprehensive levels, based on the Therapeutic Skating program from USFS (United States Figure Skating). Each skater will receive a membership into USFS with your class registration.

Therapeutic Badge program is designed to help the physically/developmentally challenged skater develop skills and enhance their skating for physical recreation and activity while taking limitations into consideration. There are 14 levels in the series with a 15th level of a personal goal set by the family at the completion of the program. This class is taught by certified skating instructors with background and knowledge of students with special needs. The skater will be able to work at their own pace but on the ice with other students with special needs allowing for an enjoyable, positive experience. We as instructors would like to work with you and your family to make the skater feel as comfortable as possible in the new setting by discussing individual needs, providing storyboards, and a low anxiety environment. To give the skater the best opportunity for these items we ask that you fill out the attached registration form completely so our staff can review it prior to first day of class.

FIRST DAY PROCEDURE

Skaters should arrive at least 20 minutes prior to their scheduled class time allowing sufficient time to try on rental skates and obtain their name badges. Specific class information and instructor assignments will be prominently displayed in the lobby. The first time your skater attends our program we will spend a portion of the class off ice just getting them acquainted with their equipment. Once skaters are ready to go on the ice, they may line up with their instructor for attendance.

EQUIPMENT

Rental skates are available for free during classes. When you arrive and check in there will be an instructor available to help you size and tie the skates. If you bring your own skates single blade hockey or figure skates are required. All sizes of both styles of skates are available. Helmets are strongly encouraged for all skating participants (bicycle helmets are acceptable)! Comfortable, flexible, and warm clothing, including hats and gloves or mittens are recommended for all skaters. Beginner skaters should wear loose fitting pants while learning how to safely fall and stand back up.

WHO QUALIFIES

Therapeutic skating is offered to anyone who would need special assistance due to medical, physical, or mental disorder. Please be sure to fill out the medical history form attached to registration so we can make the first day as comfortable as possible for your skater.

*Classes are held on
Monday's
5:20 - 5:45pm*

6 week class = \$55.00

- 1 - January 16th - February 20th
Early Bird deadline - January 13th
- 2 - March 26th - April 30th
Early Bird deadline - March 16th



**US FIGURE
SKATING**
Basic Skills Program

Early Bird Discount:
Register before the early bird deadline and receive \$10.00 off your registration

Multi Family Discount:
Register one family member at full price and receive \$10.00 off each additional family member that session.

Taylor Sportsplex

www.taylorssportsplex.com

13333 Telegraph Rd
Taylor MI 48180
734-374-8900

**Skating
Therapy with
Adaptive
Recreation**



SKATER REGISTRATION FORM



Name: _____ *Age:* _____

Address: _____

City: _____ *Zip:* _____

Phone: _____ *Email:* _____

Male: _____ *Female:* _____ *Date of Birth:* _____

Parent/Guardian Name: _____

Emergency Contact:

Name: _____ *Phone:* _____

DIAGNOSTIC INFORMATION: Please print clearly and fill in all that apply. This will be used as a tool for the instructors to become better acquainted with your child's needs prior to classes starting to make your skater's first experience a positive more comfortable experience.

Medical Professional Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

How does the skater communicate? Speech _____ Sign _____ Non-verbal _____ other _____

Does the skater have seizures? Yes _____ No _____
If "yes" how often do they occur? _____ On average how long do they last? _____

Does the skater have a shunt? Yes _____ No _____

Does the skater have any of the following?

Autism/Spectrum Disorder _____ Cerebral Palsy _____

Learning Disabilities _____ Down Syndrome _____

Visual Impairment _____

Cognitive Impairment _____ (Circle One) Mild Moderate Severe Profound

Hearing Impairment _____ (Circle Use) Hearing Aid Sign Language Read Lips

Other Disabilities not listed: _____

Medical Limitations/precautions: _____

GETTING TO KNOW THE SKATER: To help us better prepare your skater for a low anxiety practice please provide the following information.

Name skater prefers to be called: _____

Signs that the skater may be upset, overwhelmed, or have anxiety:

Sensory issues: _____

Special Interests that will help reinforce their comfort zone (ex– Thomas the Train, Movies, Character, etc):

Behavior/OT Plans that need to be followed: _____

Representations, Acknowledgements, and Agreements:

1. I hereby represent and certify that the age of the registrant listed is correct and acknowledge and agree that the registrant is physically fit to engage in both structured and unstructured activities at the Taylor Sportsplex.
2. I acknowledge the inherent risk of serious injury or even death associated with ice skating, ice hockey, inline hockey, soccer and flag football activities and I hereby release, discharge, and agree to indemnify and hold harmless the Taylor Sportsplex, its owners, managers, affiliates, and employees from any and all claims by or on behalf of the registrant arising from the registrant’s participation in ice skating, ice hockey, inline hockey, soccer and flag football activities at the Taylor Sportsplex.
3. I hereby represent and certify that the registrant has adequate health insurance to cover any and all injuries occurring as a result of participation in ice skating, ice hockey, inline hockey, soccer and flag football activities at the Taylor Sportsplex and as the parent or legal guardian of the participant, I hereby consent to any and all emergency medical care for participant and agree to pay for same.

Parent or Legal Guardian Signature

Date