

# WINTER 2009 SNAP/SOKY Programs

Registration Information: (859) 623-8753

## ACTIVITY 1

### **SOKY Basketball**

Practice begins November 9<sup>th</sup>, every Monday night practice 6-7pm  
Coaches will be Lloyd Parson, Scott LaShelle and Maggy Kriebel  
Current location of practices will be held at 321 N. 2<sup>nd</sup> Street, Richmond, however location may change throughout the season. Coaches will notify the athletes if there is a location change.



## ACTIVITY 2

### **Fall Fest**

Hosted by Berea Parks and Recreation  
November 12, 2009  
6:30pm-8pm  
Russell Acton Folk Center, Berea  
Call Maggy to RSVP @ 986-9402 by Nov. 6th



## ACTIVITY 3- Independent Social Gathering

### **SNAP Halloween Party- Come in Costume!**

October 29<sup>th</sup>, Thursday 5:30-7:00pm  
Betty Miller Building, 325 N. Estill Ave. Richmond, KY  
Please bring some snacks and drinks for all participants to enjoy!  
Also bring your favorite music so we can dance the night away!  
Games will be provided by Teen Center participants.



## ACTIVITY 4-Independent Social Gathering

### **ARC of Madison County Christmas Party**

Richmond Skating Rink  
December 21<sup>st</sup>, Monday  
5:30-7:30pm  
\$2.00 Admission fee per person  
Potluck: Please bring a dessert, side dish or appetizer



## ACTIVITY 5- Independent Social Gathering

### **SNAP Winter Crafts**

Conducted by EKU Recreation Students  
December 2<sup>nd</sup>, Wednesday  
6pm-7pm  
Richmond Parks & Recreation Building, 321 N. 2<sup>nd</sup> Street

\*Dates/Time/Locations all subject to change

\*Limited Space available for programs- First Come/First Serve- If there are too many people signed up for an activity a waiting list will begin effective October 23<sup>rd</sup>, 2009.

\*If there is a lack of interest in a program and you have signed up, we will notify you if that program gets cancelled.

\*Once you sign up for a program you will get an e-mail receipt confirmation.

\***Independent Social Gathering:** No Parks & Recreation staff will be in attendance to these programs.

**NOTE: We are updating our database. Even if you do not plan on attending these programs, please complete the form attached so that we have it on file. Thank You!**

WINTER 2009 SNAP/SOKY: Registration Form  
Please mail back to 321 N. 2<sup>nd</sup> Street, Richmond, KY 40475  
**DEADLINE: OCTOBER 22<sup>ND</sup>, 2009 4PM**

**Updating Participant Information:**

**Athlete Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**First Contact Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Second Contact Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Please list primary disability:** \_\_\_\_\_

**Seizure: (what type & how often)** \_\_\_\_\_

**Can participant toilet independently? Yes No** \_\_\_\_\_

**Please list any allergies/special needs/ adaptive**

**equipment:** \_\_\_\_\_

**T-Shirt Size:** Y-small Y-med Y-large A-small A-med A-large A-XL A-XXL

**Athlete#2 Full Name or Unified Partner:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Seizure: (what type & how often)** \_\_\_\_\_

**Can participant toilet independently? Yes No** \_\_\_\_\_

**Please list any allergies/special needs/ adaptive**

**equipment:** \_\_\_\_\_

**T-Shirt Size:** Y-small Y-med Y-large A-small A-med A-large A-XL A-XXL

**\*ACTIVITY 1: SOKY Basketball** A Team \_\_\_\_\_ B Team \_\_\_\_\_

**\*ACTIVITY 2: Fall Fest** – Please call 986-9402 to register

**\*ACTIVITY 3: SNAP Halloween Party**

**How many participants and siblings will be attending:#** \_\_\_\_\_

**What type of snack or drinks will you be providing?** \_\_\_\_\_

**Will you be bringing any music? Yes No** What kind: \_\_\_\_\_

**Will you be coming in Costume? Yes No**

**Are you willing to be a parent helper at the event? Yes No, is yes explain what you would be willing to help out with:** \_\_\_\_\_

**\*ACTIVITY 4: ARC of Madison County Christmas Party \$2.00 Admission Fee per person. All proceeds go toward purchases of drinks and reservation fee.**

**Participants and siblings will be attending:#** \_\_\_\_\_ **Parents or caregivers will be attending:#** \_\_\_\_\_

**\*ACTIVITY 5: Winter Crafts** How many participants and siblings will be attending:# \_\_\_\_\_

**\*Parent's Directory: What information would you like for us to release: Please circle all that apply**

**ALL Participant Name Parent/Contact Name Address Phone # Cell# E-mail**

**\*Volunteer/Coach:** I am willing to be a volunteer or coach for programs: yes no, if yes explain what you would like to help out with: \_\_\_\_\_

**\*Photo Release:** yes \_\_\_ no \_\_\_ I agree to allow the City of Richmond Parks & Recreation Dept. to use my child's pictures for publicity purposes of programs and events.

\*I, the parent/guardian, of the above named child, hereby give my approval to participate in any and all Parks and Recreation activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks and Recreation Dept., EKV, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. At all Richmond Parks and Recreation activities, I will practice the rules of good conduct and sportsmanship.

Parent/ Guardian Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_