



December 12, 2017

Dear K.C. POWER & SPEED CO., Members and Volunteers;

We welcome you to the spring session of our Sports Program! We are looking forward to an exciting New Year.

Bowling will resume Saturday, January 13th at Premiere Bowling Lanes in Raytown, Missouri from 12:00 – 3:00 p.m. **Please note that bowling is \$5.00 per week for 2 games and shoe rental is free.**

Included in this packet, you will find the Spring training schedule as well as the Open Options Membership Information Form and the Release Form. **These forms need to be updated every calendar year, so please take the time to fill them out and return them back to me as soon as you can so we have current information on file.**

There will be no transportation by EITAS from bowling practices due to the fact that we have not had 5 consistent riders.

**** Please note that if the weather looks threatening the day of any practice session, please contact Terri's cell at 816-918-8017 to see if sports will be canceled.**

We look forward to seeing you soon and to meet new athletes who want to compete and have some fun!

Sincerely,

A handwritten signature in black ink that reads "Mark McMillan".

Mark McMillan
Sports Coordinator
Open Options

Enclosures

TODAY'S DATE: _____



KC POWER & SPEED CO.

GENERAL INFORMATION

NAME: _____ MALE [] FEMALE []
 ADDRESS: _____ AGE: _____ DOB: _____
 CITY: _____ STATE: _____ ZIP: _____
 COUNTY: _____ HOME PHONE: _____
 EMAIL: _____ CELL PHONE: _____

WHAT IS YOUR DISABILITY? _____

SPORTS PROGRAM CLASSIFICATION _____

DAY PROGRAM / PLACE OF EMPLOYMENT/ WORKSHOP / VOLUTNEER PROGRAM: _____

PLACE OF RESIDENCE: Live with family [] Group Home [] Apartment [] ISL []

If you live in an ISL or group home, please list name and organization that provides your residential service: _____

MEDICAL ALERT DATA

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

PHYSICIAN INFORMATION:

PHYSICIAN'S NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

**** PLEASE SEE OTHER SIDE **** ⇨⇩

1. MEDICATIONS: (list all)

2. ALLERGIES:

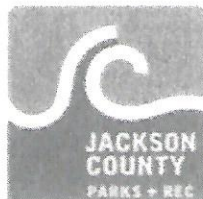
3. BLOOD TYPE: _____

4. SEIZURES: NO [] YES [] TYPE: _____

NUMBER IN PAST 12 MONTHS: _____

DATE OF MOST RECENT SEIZURE: _____

5. OTHER: (Please specify)



RELEASE FORM

I hereby request that _____ (Name of Applicant) be enrolled in Jackson County Parks + Rec's Special Recreation Service Programs and/or KC Power & Speed Co. I authorize the Special Population Services Staff and/or Open Options, Inc. to act for me according to their best judgement ability in an emergency requiring medical or surgical care.

In case of accident, injury or loss, I hereby waive and release Jackson County, Missouri and all elected or appointed officials, employees, instructors and volunteers of Jackson County, and any other persons in any other way connected or associated with the Special Population Service programs including Open Options, Inc. from any liability of any nature for injury or damages resulting from or arising out of applicant's participation in the program.

I grant permission for the applicant to travel to and take part in activities which may take place outside the Special Population Services and Open Options, Inc. area and to go on scheduled field trips and sporting events.

In consideration of the furtherance of the purposes, objectives and work of the programs, I the undersigned hereby grant permission to the Special Population Services Staff and Program and the Open Options, Inc. to take pictures of me or applicant when directly involved in the program and to use my/his/her name with news releases, publicity, education, or other public relation functions.

Signature of Parent, Legal Guardian or
Applicant (if over 18)

Date