

Register to get your FREE Young Athlete Program (YAP) Kit and Activity Guide today... Simply fill out and return the YAP registration form on the other side of this brochure!

What is the Young Athlete Program (YAP)?

An opportunity for children ages 2 ½ to 7 ½ with intellectual disabilities to participate in Special Olympics New Jersey, through play that will ultimately help prepare young children for future participation in sport.

What is Special Olympics New Jersey?

Special Olympics New Jersey is a sports training and competition program for individuals with intellectual disabilities starting at age 8 and into adulthood for as long as a person wants to participate!

Why does Special Olympics have a Young Athlete Program (YAP) instead of just letting younger children start playing sports in Special Olympics?

Athletes must be eight years old to participate in Special Olympics and many children are not ready for organized sport and the sports rules that help create fair play and safety. YAP was created in consultation with the University of Medicine and Dentistry of New Jersey, to meet the physical and developmental needs of children, ages 2 ½ to 7 ½, in the areas of physical activity and play, with an emphasis on sports skills.

Where is the Young Athlete Program (YAP) held?

At home, in the yard, at a friend or relatives house...The YAP home kit is a program created for families that provides free equipment and activity quide so that you can play with a purpose to help your child get ready for participation in sport among many other wonderful benefits of play! So you can utilize the YAP kit any time and any where you choose.

What about getting together with other children?

Play with friends, neighbors and relatives is encouraged with your YAP home kit. Many schools now offer the YAP as well as part of the classroom and recreation centers and YMCA's offer YAP as a community program. If your community does not have a group YAP, you can start your own. Other than classrooms, all YAP groups are designed for parent participation and inclusive YAP activities with typically developing peers are encouraged.



Why is the Young Athlete Program (YAP) so successful?

Starting early to introduce physical activity in a fun and enjoyable atmosphere will offer families the opportunity to share in the success of their future athlete. The YAP will provide an experience that will lead to an appreciation of fitness and sport for the whole family. Most importantly, through the preparation for participation in sports, families will see the incredible potential for sport in their child.

Special Olympics New Jersey provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community. More Information at: www.soni.org

GET STARTED!



- foundational skills
- walking & running
- balancing & jumping
- trapping & catching

- throwing striking
- kicking
- advanced skills



- Activity Guide
- Balance Beam
- Cones/Multi-Domes™
- Floor Markers
- Bean Bags
- Scarf
- Balls
- Poles
- Hoops



ALL FREE OF CHARGE!

Created by the Joseph P. Kennedy, Jr. Foundation - Authorized and Accredited by Special Olympics Incorporated for the Benefit of Persons with Intellectual Disabilities.



An innovative program from Special Olympics that introduces children with intellectual disabilities, ages 2 ½ to 7, to the world of sports.







YOUNG ATHLETE PROGRAM INDIVIDUAL REGISTRATION FORM



Please complete the registration form and send it back to the Special Olympics New Jersey Office and you will receive a **FREE** Young Athlete Activity Kit. (Please allow 6-8 weeks for arrival.)

By completing this registration form you are providing us with information needed in order to assure program quality. If you

| (Parent/Guardian's Signature) |
|---|
| TO BE COMPLETED BY PARENT OR GUARDIAN I am the parent/guardian of I attached application for participation in Special Olympics. The participant has my permission to participant, on whose behalf I have submitted the attached application for participation in Special Olympics. The participant is physically and mentally able to participate in Special Olympics. In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Pilot Program will be used to plan, evaluate, and improve the purposes and activities. I also understand that group data collected from the Young Athletes Pilot Program will be used to plan, evaluate, and improve the program. If a medical emergency should arise during the participant's participant's participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant's health and well-being. (IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, AND REQUEST THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, AND REQUEST THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM) I am the parent (guardian) of the participant named in this application. I have read and fully understand the provisions of the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant in Special Olympics and participant in Special Olympics. |
| (Parent/Guardian's Signature) (Date) |
| By signing below you have read and agreed to the information above. |
| Thank you for your time and understanding in this matter. Special Olympics New Jersey |
| We understand that this is a small commitment on your part, but this data is important for our work and for the integrity of our program. We ask that if this commitment is not met within a specified date set forth by Special Olympics New Jersey that you return the activity kit back to us in order for other families to have the opportunity to participate. |
| Special Olympics New Jersey is asking for each kit recipient to fill out a 5 minute questionnaire. The questionnaire will be distributed to you 3-4 months after receiving your activity kit. The purpose of the survey is to better serve our families and to improve upon new and existing programs. |
| The activity kits come to you free of charge (Retail value: \$130). The activity kits are provided to you through the financial assistance of our sponsors. |
| Young Athlete Activity Kit Agreement |
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| How did you hear |
| Phone: Athlete's DOB / / Athlete's DOB / / Athlete's DM D F |
| Mailing Address: City: City: County: |
| E-mail Address: (First Name) (Last Name) (Last Name) |
| Athlete's Name (First Name) (Last Name) |
| YOUNG ATHLETE INFORMATION Area: |
| have any questions, please call Special New Jersey at 609.896.8000. |

Young Athletes Program
Special Olympics New Jersey
3 Princess Road
Lawrenceville, NJ 08648 Flaghouse: FOR OFFICE USE ONLY

Please return completed form to: