



Association of Blind Athletes of New Jersey

Presents

The Annual Sports and Athletics Clinic for Youths (ages 5 – 18)

In Celebration of the 100th Anniversary of NJCBVI

9 a.m. – 4 p.m., Saturday, September 25, 2010

Lakewood High School, 855 Somerset Ave., Lakewood, NJ 08701

We are excited to offer the opportunity for young people who are blind or visually impaired to receive instruction in track & field events, judo, soccer, goal ball and beep baseball during this fun-filled event. Parents are encouraged to attend. Lunch will be provided.

This form **MUST** be completed for each student/athlete. A \$10.00 registration fee is required.

Student's Name: _____ Age: _____ Male ___ Female ___

Address: _____ State: _____ Zip Code: _____

Parent's Day Phone: _____ Evening Phone: _____ E-Mail _____

Do you have some vision? ? Yes ? No Visual Diagnosis _____

Student, please answer the following questions:

1-Never 2-Sometimes 3-Most of the time 4- Always

1. I feel I am as strong as the other kids/people my age. 1 2 3 4
2. Did you ever take gym at your school? 1 2 3 4
3. In gym class, did you do the same things as the fully sighted students? 1 2 3 4
4. While playing games, do you feel the sighted students were fair to you? 1 2 3 4
5. If you could, would you tell your gym teacher how to change games or sports so you could play? 1 2 3 4
6. Has your gym teacher ever made adaptations to games or sports for you? 1 2 3 4
7. Have you ever been on a school sports team? ? Yes ? No
8. Do you play sports with other visually impaired persons? 1 2 3 4

(Please answer questions and review information on the reverse side)

9. How often do you exercise for at least 20 minutes without stopping?
(Walking, running, stationary bike, treadmill, lifting weights, stretching.)
? Never ? Once a week ? Twice a week ? Everyday

10. Please check the events you would be interested in participating:
? Judo ? Track and Field ? Goalball ? Soccer ? Beep Baseball

We look forward to having you join us!

Sincerely,

Association of Blind Athletes of New Jersey

Parent : Please send this completed form with \$10.00 registration fee for each student/athlete who will be participating in the sports clinic activities. (If more than one, please complete a form for each)

Print Name Parent/Guardian _____ Signature _____

Checks should be made payable to “**ABANJ**” or “**Association of Blind Athletes of NJ**” and sent to:

Msgr. Emmanuel M. Capozzelli
ABANJ
247 Bloomfield Avenue
Caldwell, New Jersey 07006-5148

**Visit us online at:
www.ABANJ.org**

For your convenience, you can download the form on-line and e-mail it as an attachment to:
KrystynGallant@abanj.org

The registration fee may also be submitted electronically to the ABANJ web site via PayPal.

If you have any questions, or require further information please contact:

Heidi Daschko 973-786-7230
Krystyn Gallant 201-469-1818
Sharon Gunderman 814-583-5112



The Association of Blind Athletes of New Jersey, is a non-profit organization, providing individuals who are blind and visually challenged with the opportunity to participate in a variety of competitive sports and athletic activities on the world, national, state and recreational levels since 1977.