



## Achievement Centers for Children Cleveland Browns Adapted Football League



### **Beginning May 2011**

The Achievement Centers for Children, with support from The Cleveland Browns and The Cuyahoga County Board of Developmental Disabilities, are launching an Adapted Football League in May 2011. The league will offer team competition at the local and regional level for children and young adults with a variety of disabilities. In the future, national team competition will be offered.

Teams are being organized to practice and play in Strongsville and Westlake with plans to expand to other geographic areas over time. Children and young adults age 8 years and older with physical limitations and/or cognitive/developmental delays are welcome. Teams will compete against individuals of similar skill level. Rules are modified for each division from traditional flag football. Games will be played on Saturday mornings starting in May and will finish in August. The descriptions of the divisions are listed below.

1. **Division I** (Brown) – Games are adapted to accommodate players' physical limitations, played using manual or power wheelchairs on hard top surfaces. Teams are 6-on-6 and use regulation footballs.
2. **Division II** (Orange) - Games are adapted to accommodate players' cognitive and/or developmental delays, played on grass fields without the use of any assistive equipment. Teams are 7-on-7 and use flag belts with regulation footballs. Coaches are permitted to assist on the field during the games.
3. **Division III** (White) – Games are adapted to accommodate players' cognitive and/or developmental delays with physical limitations, played using manual or power wheelchairs on hard top surfaces. Teams are 5-on-5 and use foam footballs. Coaches are permitted to assist on the field during the games.

All new participants are required to attend a player skills assessment session prior to the start of the season. Dates and times of the sessions will be determined in the near future. Registration is open to the first 120 participants. There is a \$60 registration fee which includes a team jersey, mouthpiece and awards.

We need you! Volunteer opportunities exist for coaches, referees, and game day operations. No experience is necessary and all volunteers will be required to attend an informational training session. Please consider joining us in making this inaugural season a complete success by volunteering.

If you have any questions or would like to volunteer, please contact Mike Urban, Manager of Sports Services at (440) 238-6200 ext. 245 or email [mike.urban@achievementctrs.org](mailto:mike.urban@achievementctrs.org).





**Please complete if applicable:**

Does client receive support from a County Board of Developmental Disabilities:  YES  NO

If client has a County Board of Developmental Disabilities Support Administrator, please provide:

SA Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Foster Care - If client is in foster care, please complete.**

DCFS Social Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Achievement Centers for Children Services**

Check here if interested in receiving services and/or information about Outpatient Services offered through the Achievement Centers for Children. Circle all that apply: OT PT ST MH Counseling

**Please sign below stating that you have read and understand the information listed in the application. If the application is not signed, it will not be processed.**

\_\_\_\_\_  
Parent/Guardian/Participant Signature

\_\_\_\_\_  
Date



**Please return application, \$60 registration fee, self assessment and statistical form packet to:**

**Achievement Centers for Children  
Camp Cheerful  
15000 Cheerful Lane  
Strongsville, OH 44136**

Direct any questions to Mike Urban, Manager of Sports Services at 440-238-6200 ext. 245  
or email at [mike.urban@achievementctrs.org](mailto:mike.urban@achievementctrs.org)



# Achievement Centers for Children Adapted Sports Program

## Player Skills Self Assessment Form

Name of Participant \_\_\_\_\_

### **GENERAL INFORMATION FOR ALL RECREATIONAL PROGRAMS**

Primary Disability \_\_\_\_\_

Secondary Disability (if applicable) \_\_\_\_\_

School or workshop currently attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Enrolled in special class?  YES or  NO What type? \_\_\_\_\_

Enrolled in therapy?  YES or  NO What type? \_\_\_\_\_

### **SPECIAL CONCERNS:** Please check all that apply

- Shyness
- Divorced or separated parents
- Physical activity must be monitored or restricted (Explain) \_\_\_\_\_
- None/no special concerns

### **SOCIAL CONCERNS:** Please check all that apply

- Reacts to frustration
  - Does not like group participation
  - Has poor peer relationships
  - Does not like supervision or authority
  - None/no concerns
- Explain \_\_\_\_\_

### **LANGUAGE AND COMMUNICATION:** Please check all that apply

- Uses sign language
  - Uses Communication Device
  - Picture exchange
  - Has difficulty speaking
  - Has difficulty being understood
  - Understands verbal instructions
  - Has no communication needs
- Please describe special words and phrases used at home that would be helpful for communication: \_\_\_\_\_

### **EQUIPMENT:** Please check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Able to walk alone                  | <input type="checkbox"/> Uses hearing aid  |
| <input type="checkbox"/> Uses crutches or cane               | <input type="checkbox"/> PE Tubes          |
| <input type="checkbox"/> Uses walker                         | <input type="checkbox"/> Eyeglasses        |
| <input type="checkbox"/> Uses wheelchair/manual              | <input type="checkbox"/> AFO's             |
| <input type="checkbox"/> Needs assistance pushing wheelchair | <input type="checkbox"/> None/no equipment |
| <input type="checkbox"/> Uses wheelchair/power               |  |

Will any equipment accompany client to the program?  YES or  NO Explain \_\_\_\_\_

**BEHAVIORS:** Has client ever displayed the following? Please check a response for each:

- |                |                               |                            |                             |
|----------------|-------------------------------|----------------------------|-----------------------------|
| Hitting        | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Pinching       | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Biting         | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Kicking        | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Spitting       | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Scratching     | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Bullying       | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Swearing       | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Wandering      | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Withdrawal     | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Impulsivity    | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Non-compliance | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Mood Swings    | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Anxiety        | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |

Please describe any behaviors or behavior strategies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR CLIENTS PARTICIPATING IN ADAPTED SPORTS**

Please circle: **Basketball Football Swimming**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**COORDINATION:** Please check all that apply

- |                    |                            |                            |                            |
|--------------------|----------------------------|----------------------------|----------------------------|
| Right Arm/Hand Use | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |
| Left Arm/Hand Use  | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |
| Right Leg/Foot Use | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |
| Left Leg/Foot Use  | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |
| Balance            | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |

**SENSORY ISSUES:** Please check all that apply

- Tactile/Touch
- Auditory/Sound
- Visual
- Balance
- Clumsiness
- None/No sensory concerns

Explain sensory concerns and/or strategies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRUNK CONTROL:** Please check all that apply

- Sits up on own
- Hypertonic movement (High tone – rigid/tight muscle movement)
- Hypotonic movement (Low tone – loose flexibility)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Can participant walk independently          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can participant run independently           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can participant throw a ball                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can participant catch a ball                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can client hold their head up independently | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**PLEASE READ CAREFULLY:** I give consent for myself or my child to participate in the activities of the Achievement Centers for Children's Recreational Programs.

Signature of Participant / Parent / Guardian

Date



# Achievement Centers for Children Adapted Sports Program

## Statistical Form

**PLEASE NOTE:** The following information is **CONFIDENTIAL**. It is used for statistical reporting needed for potential funding sources.

Number of adults 18 & over living at home \_\_\_\_\_

Number of dependents 18 & under living at home \_\_\_\_\_

**Total number of persons living in home** \_\_\_\_\_

**Total annual income (client + parent/guardian)** \$ \_\_\_\_\_

**Do you anticipate using an outside funding source(s)? Please check [√] all that apply:**

- [ ] ARC      [ ] County Board of DD      [ ] CMR      [ ] Easter Seals      [ ] ESY(extended school year)
- [ ] IDEA      [ ] MCCD      [ ] PEP      [ ] Achievement Centers Award (for Day Camp, Champ Camp or Resident Camp only)

[ ] OTHER \_\_\_\_\_

**Ethnic Background (optional): Please Circle One:**

- African American      Caucasian      Asian      Other \_\_\_\_\_
- Hispanic      Biracial/Multiracial      Native American

**How did you hear about the Achievement Centers for Children? Please Circle One:**

- Physician      Social Service Agency      Government Agency      Media/Newspaper
- Friend/Relative      Community Event      Web      School System
- Returner      Other \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (if own legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature