



City of Temecula

41000 Main Street ▪ Temecula, CA 92590 ▪ Mailing Address: P.O. Box 9033 ▪ Temecula, CA 92589-9033

(951) 694-6480 ▪ Fax (951) 6946488

Dear Athlete:

The City of Temecula and the Temecula Valley Unified School District are proud to be sponsoring the 5th anniversary of Temecula Special Games! This event will be open to athletes of all ages with developmental disabilities. Athletes will be participating in opening ceremonies, non-competitive games and sporting events, sponsored lunch and closing ceremonies. Temecula Special Games will be held on Saturday, April 13th from 9:30am-1pm at Chaparral High School, 27215 Nicolas Road.

If you are interested in participating please complete the Athlete Contract in full and return it to the following:

City of Temecula
Temecula Special Games
PO Box 9033 (mail-in)
41000 Main Street (walk-in)
Temecula, CA 92589

The deadline to register is Wednesday, April 3rd. If you have any questions or need further information please don't hesitate to contact me, Dawn Adamiak, at (951) 693-3947 or via email at dawn.adamiak@cityoftemecula.org. You can also contact Paula Worthington by phone at (951) 308-6392 or via email at paula.worthington@cityoftemecula.org.

Don't miss out on the fun, register today. The 2013 Temecula Special Games... *"Where Everyone's a Winner"*!

Sincerely,
Dawn Adamiak
Dawn Adamiak
Recreation Supervisor

MURRIETA VALLEY UNIFIED SCHOOL
DISTRICT NEITHER ENDORSES NOR
SPONSORS THE ORGANIZATION OR
ACTIVITY REPRESENTED IN THIS
DOCUMENT

Date: 1/28/13 Initials: *∅*



2013 Temecula Special Games Athlete Contract

Athlete s Information:

Name (Last, First): _____ Gender: _____
Date of Birth: _____ Phone Number: _____
Address: _____ City: _____ Zip: _____
Email address: _____

Guardian s Information:

Name of Guardian: _____ Phone #: _____
Address: _____ Cell #: _____
City: _____ Zip: _____
Email address: _____

Emergency Information:

In case of emergency, and Guardian is not available please contact:

Name: _____ Relationship: _____
Contact Number: _____

Circle Athletes T-shirt size please circle only one

Adult size: S M L XL XXL XXXL

Child size: S M L XL

Disability and Medical Conditions:

Please give complete and accurate information about the athlete's disabilities and medical conditions (*circle all that apply*):

Aphasic	Epilepsy	Polio
Autism	Heart Trouble	Quadriplegic
Blind	Hyperkinesias	Respiratory Disease
Cerebral Palsy	Mentally Challenged	Seizure
Deaf/ Hard of Hearing	Muscular Dystrophy	Speech Disability
Diabetes	Mute	Thyroid (hormonal) Conditions
Down syndrome	Paraplegic	William syndrome

Other: _____

Allergies: _____

Means of Mobility: Free Walker Crutches Wheelchair (manual/ electric)

Means of Communication: Speech Sign Communication Board

Is English your Primary Language: Yes No

If No, what is your primary language? _____

Medication Health Form:

* Will medication be distributed to the athlete during Temecula Special Games?

NO YES Name of medication(s): _____

* Who will administer the medication? GUARDIAN ATHLETE

* At what time will the medication need to be administered? _____ AM / PM

Guardian's Name: _____ Phone Number: _____

Guardian's Signature: _____ Date: _____

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Athlete Commitment to Participation/ Liability Release Form

I, _____, the undersigned guardian of _____, agree to have him/ her present at the 2013 Temecula Special Games on April 13, 2013.

I realize every precaution is taken to eliminate any injuries or hazards, and a competent supervisor is present: however, there is inherent risk in participating in this event. In the event of an injury, I hereby waive, release and hold harmless from any liability for damages for personal injury including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the supervisor, the City of Temecula, Temecula Valley Unified School District, its officers, agents, employees and volunteers. In case of accident or other emergency, personnel of the Community Services Department and/or its agents are hereby authorized to secure medical care deemed necessary as a result of accident or injury for the participant. I further agree to pay any and all costs incurred as a result of said treatment. I further permit the use of activity/event photography and/or video for media promotion.

Athlete's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Parent/Guardian/ Fan Commitment

I, _____, the undersigned guardian/fan of _____, agree to stay in the football stadium at the Temecula Special Games on April 13th. I understand that my athlete will not be able to participate if I am not on site during the event. If I leave the football stadium, my athlete will need to leave as well.

I have read and understand the above.

Guardian/ Fan's Name: _____ Date: _____

Guardian/ Fan's Signature: _____

DEADLINE:

All pages of the Athlete Contract are due **April 3rd by 5pm**. Completed Athlete Contracts can be mailed to the following:

City of Temecula
Temecula Special Games
Attn: Dawn Adamiak
PO Box 9033
Temecula, CA 92589

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