CAPES!

Children’s Adaptive Physical Education Society!

Welcome to the CAPES! (Children’s Adaptive Physical Education Society) experience at Weber State University. CAPES! has a mission to provide land and aquatic skills based learning experiences for children ages 5 – 12 with developmental disabilities in a safe and fun environment. In addition, CAPES! will provide a unique learning environment for Weber State Students enrolled in PEP 3660 Adaptive Physical Education and EDUC 2010 Human Exceptionality to teach children with disabilities.

CAPES! will take place every Tuesday beginning September 23rd, 2014 and ending November 25th, 2014 from 6:30 – 7:45 pm. Children will participate in 30 minutes of land based skill acquisition and 30 minutes in aquatic based skill acquisition with a 15 minute time frame for changing. On the first night of CAPES! (September 23rd), you will be notified where to go first (to the gym or to the pool). CAPES! will take place both Fall and Spring Semesters. As the Fall semester progresses we will open up Spring Registration. Those who have participated in the Fall session of CAPES! will have priority and early enrollment opportunities.

There are a limited number of spots available! So please contact James Zagrodnik at jameszagrodnik@weber.edu or by phone at 801-626-7084 to reserve your spot immediately if it has not already been done so. The deadline to receive your completed registration packet is NOON FRIDAY SEPTEMBER 12th. You can fax (801-626-6228), email (jameszagrodnik@weber.edu), or mail (HHP 1435 Village Drive Ogden, UT 84408-2801) your completed registration packet. I will also be happy to answer any questions you might have about CAPES!. A Registration Fee of $25 per participant per semester will be required to participate. The fees required will go towards WSU gym and pool fees and equipment replacement. Please make your check out towards “CAPES! Weber State University” and bring it with you on the first day.

Enclosed you will find the Registration Form, the Weber State University Acknowledgement and Assumption of Risks Release and Indemnity Agreement/Informed Consent Form, and the Photo/Video Release. Please read each document with your child. Your signature is required in many places for your child to participate in CAPES!. In some places, your child’s signature/printed name is also required. Please complete your registration packet and have it turned in to James Zagrodnik by Noon, September 12th. You can submit your completed forms by e-mail (jameszagrodnik@weber.edu) or by fax (801-626-6228).

Check out the CAPES! web-site (www.weber.edu/capes) for additional information, pictures, and notices. We will post information on our web-site to help communicate with you and provide information about our program and the community. You can also get an electronic version of the CAPES! Registration Packet, schedule, map (Swenson Building), and parking location (Lot A7) from our site. As CAPES! develops we will post more!

Thank you for your interest and support in CAPES! We look forward to seeing you and your child there!

James Zagrodnik
CAPES! Director
Department of Health Promotion and Human Performance
jameszagrodnik@weber.edu
801-626-7084

Natalie Williams
CAPES! Director
Department of Teacher Education
nataliewilliams1@weber.edu
801-626-8654
CAPES!

Registration Form

CAPES! Participant Information

Child’s First and Last Name: __________________________________________

Date of Birth (XX/XX/XXXX): _____/ _____/________  Age: _____  Gender: Male □  Female □

Eye Color: ___________  Hair Color: __________

Address: ______________________________________  City: ___________  Zip Code: _________

Identified Disability (ies):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Parent/Guardian Information

1. Parent / Guardian First and Last Name: __________________________________________

   Relationship: __________________________________________

   Home Phone: ___________  Cell Phone: ___________  Work Phone: ___________

   Best Number to Contact Parent / Guardian:  Home □  Cell □  Work □

   E-mail: __________________________________________

2. Parent / Guardian First and Last Name: __________________________________________

   Relationship: __________________________________________

   Home Phone: ___________  Cell Phone: ___________  Work Phone: ___________

   Best Number to Contact Parent / Guardian:  Home □  Cell □  Work □

   E-mail: __________________________________________

Parents/Guardians will be notified via e-mail and phone updates about CAPES!, including if CAPES! is
cancelled due to inclement weather, building closures, and/or emergencies.
CAPES! Details
Please answer the following questions to your best ability. Your answers below will help us develop appropriate, high quality, and specific learning opportunities for your child while at CAPES! Prior to the first day of CAPES!, WSU students will be provided with a copy of this information to help them develop their learning activities for your child. All copies will be returned to James Zagrodnik and Natalie Williams upon completion of CAPES! and destroyed. Original versions will be kept in a file cabinet under lock and key by James Zagrodnik in room 307 F of the Swenson Building at Weber State University.

Please identify the “general” **physical** skill level of your child (circle one):
- Developmentally Delayed
- Age Appropriate
- Advanced

Please identify the “general” **cognitive** skill level of your child (circle one):
- Developmentally Delayed
- Age Appropriate
- Advanced

Please identify the “general” **social** skill level of your child (circle one):
- Developmentally Delayed
- Age Appropriate
- Advanced

Please identify the “general” **emotional** skill level of your child (circle one):
- Developmentally Delayed
- Age Appropriate
- Advanced

Please identify any skills you would like us to work on with your child during CAPES!:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Does your child use any ambulatory assistive devices? Yes □ No □
If yes, please identify: ________________________________________________________________

Does your child use any auditory assistive devices? Yes □ No □
If yes, please identify: ________________________________________________________________

Does your child have any respiratory assistive devices? Yes □ No □
If yes, please identify: ________________________________________________________________

Does your child have asthma? Yes □ No □
If yes, does your child carry an inhaler at all times? Yes □ No □

Does your child have any dietary assistive devices? Yes □ No □
If yes, please identify: ________________________________________________________________

Does your child have any food allergies? Yes □ No □
If yes, please list: __________________________________________________________________
Does your child have diabetes? Yes □ No □
If yes, does your child get insulin shots? Yes □ No □
If yes, does your child self-administer insulin shots? Yes □ No □
Does your child have any other health concern CAPES! should be made aware of? Yes □ No □
If yes, please explain:
__________________________________________________________________________________________
__________________________________________________________________________________________

Does your child need any assistance when going to the bathroom? Yes □ No □
If yes, please identify the assistance they need:
__________________________________________________________________________________________

Does your child have any fleeing or running away tendencies? Yes □ No □
If yes, please identify when/how these are triggered:
__________________________________________________________________________________________

Does your child work well with others or is he/she an independent learner?
__________________________________________________________________________________________
__________________________________________________________________________________________

Would you like for your child to participate in aquatic training? Yes □ No □
If yes:
Does your child know how to swim? Yes □ No □
Does your child have a fear of water? Yes □ No □
Does your child need any assistance in changing into his/her swimsuit? Yes □ No □
If yes, please explain (Note: If you wish to provide changing assistance rather than a WSU Student you are welcome to):
__________________________________________________________________________________________
__________________________________________________________________________________________
Security Measures

Reporting Obligations; Sexual misconduct, child abuse and neglect if suspected must be reported to the police immediately (801-626-6460). One does not have to know for certain that abuse is taking place. Reasonable cause to believe or suspect that child abuse has occurred is sufficient. When in doubt, report it.

Please review the attached Swenson Building Emergency Plan in case an evacuation would be necessary. In addition to the instructions of the Building Emergency Plan we will meet near the third light post (South West) in parking lot A 7. CAPES! Directors will assist in locating your child and in leading your child to the designated meeting area. WSU Students (CAPES! Leaders) will be instructed on the evacuation procedures and meeting location.
Weber State University
Acknowledgement and Assumption of Risks
Release and Indemnity Agreement/Informed Consent

Acknowledgment and Assumption of Risks
Participation in CAPES! (Children’s Adaptive Physical Education Society!) is not risk free. Some risks are inherent in these activities and cannot be eliminated or reduced. A variety of other risks also exist. These inherent and other risks, hazards and dangers can cause injury, property damage, illness, mental or emotional trauma, disability or death. I understand that it is important for me (and my parents, if I am a minor) to know in advance what to expect and to be informed of the risks.

The following describes some, but not all of these risks, hazards and dangers:

1. Risks involved in Physical Activity: CAPES! will use physical activity to help learn, develop, and enhance a variety of skill learning. Both land based and aquatic based physical activity will take place. These activities may require both individuals and equipment to travel in space. Potential risks include: falls due to accidental tripping due to uneven playing surfaces or contact with another person in motion; being struck by objects including balls or Frisbees; and exhaustion due to participation in physical activity. Safety is paramount in CAPES!. If circumstances arise in which it is deemed by a CAPES! Leader or Director that activities are potentially hazardous they will be stopped immediately. In addition, CAPES! participants are expected and encouraged to notify a CAPES! Leader or Director if for any reason they are feeling unsafe, fatigued, injured, or other health ailment occurs. CAPES! participants will be provided water, opportunities to catch their breath, and places to sit/rest as necessary. CAPES! participants must identify any potential health concerns, such as asthma, allergies, or diabetes, pace makers, feeding tubes, etc. (See CAPES Registration Form) which CAPES! Leaders and Directors need to be aware of when developing activities.

2. Risks present in an aquatic environment: Part of CAPES! will take place in a swimming pool. Potential risks of being in or near a swimming pool include slipping on wet surfaces resulting in potential falls, and a risk of drowning. Slips and falls will be reduced by requiring everyone to walk no faster than a normal pace (speed / fast walking is not permitted) and CAPES! Leaders will be within arms-length to help regain balance if a slip occurs or break a potential fall. CAPES! Leaders will be in the pool at all times with you to provide support and monitor your safety to help reduce the risk of drowning. In addition, certified lifeguards will be on hand to monitor all aquatic activities and to provide assistance as needed. A lift will be present to assist individuals in getting in and out of the water if needed. CAPES! Leaders will be trained in basic aquatic assistance techniques (including operating the lift, body position, signs of fatigue, etc.) for individuals with disabilities prior to the first day of CAPES!. All individuals are required to walk when in the natatorium to reduce the risk of slips and falls on wet surfaces. Parents are welcome to sit in the natatorium seating area to monitor their child if they desire.

3. Risks using equipment: CAPES! will use a wide variety of equipment across its many activities; including bats, balls, racquets, nets, and goals. There is a risk that the equipment used may break, fail or malfunction, despite reasonable maintenance and use.

4. Risks in decision-making: CAPES! Leaders and Directors must make various judgments and decisions as they conduct learning activities in various environments. These judgments and decisions are, by their nature, imprecise and subject to error. Consequently, there are risks involved in staff decision-making and conduct, including, without limitation, the risk that WSU representative may misjudge a participant’s capabilities, or misjudge weather, terrain, water level, river and/or terrain route location, or misjudge medical treatment.
I understand that the above description of risks is not complete and that other unknown or unanticipated risks, hazards and dangers may result in injury, damage, death, or other loss. I acknowledge that participating in these activities may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I am fully capable of participating in these activities without causing harm to myself or others. I understand that the presence of WSU personnel is no assurance of my safety or the lessening of any of these risks.

Because certain activities are contraindicated under certain medical conditions, I affirm that if I have any mental or physical conditions or limitations that might compromise or affect my ability to participate in these activities I have discussed them with a doctor in relationship to participation in this activity. Furthermore if my doctor or I feel it important to share this with the instructor or leader I will do so.

☐ YES, I do have mental or physical conditions or limitations that might compromise or affect my ability to participate in these activities. I will share this information with the instructor or leader and, if appropriate, the group as well.

My participation in these activities is purely voluntary and I choose to participate in spite of and with knowledge of the risks. Therefore, I, assume and accept full responsibility for me, for those risks identified here and for those risks not identifies, and for injury, death, property loss or expenses suffered by me and them, resulting from those risks, and resulting from my own negligence.
Release and Indemnity Agreement – Participant who is Not a Minor
Please read carefully. This part contains a Release and Indemnity Agreement and surrender of certain legal rights.

I, for and on behalf of myself and my children, heirs, executors, administrators and representatives, agree to release, indemnify and defend WSU, the State of Utah, and their officers, agents, servants, and employees with respect to all claims, liabilities, losses, suits or expenses, made or brought by anyone, including a co-participant or third party, due to my enrollment or participation in these activities or use of WSU equipment or facilities. This agreement includes any losses claimed to be caused, in whole or in part, by the negligence of the WSU. I understand that I agree here to waive all claims against WSU, and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit of any kind against the WSU, as a result of any injury, damage, death or other loss suffered by me.

Conclusion
I agree that Utah State Law governs this, and all other aspects of my relationship with WSU. Further, any mediation, suit or other proceeding arising out of or relating to my enrollment or participation in WSU activities, must be filed exclusively in the State of Utah, and Utah State Law shall apply. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Utah mediator.

Photo Release
I authorize and release to WSU the use of my image in any photograph or video recording for any purpose of WSU.

Insurance
I have adequate health, disability, and life insurance for my family and myself. I agree that WSU has no responsibility for medical care provided to me/my child, and I agree to pay all costs associated with such care.

I hereby give permission for transportation to any medical facility, hospital and I authorize for any qualified staff, or medical personnel to render necessary emergency medical care for my family or me. I hereby authorize the release of any medical information, including information concerning my HIV or “Aids” status, in the possession of WSU to any medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse, or other such person rendering care on my behalf.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions of this Document, and those remaining provisions shall continue in full force and effect.

I have carefully read, understood and voluntarily sign this Document and acknowledge that it shall be effective and binding upon myself, my family, heirs, executors, representatives and estate.

Participant Printed Name    Signature     Date
_______________________________________________________________________________________________
Email        Phone #
IN CASE OF EMERGENCY, Please contact: ________________________    Phone: __________________________
The parent or guardian of a minor student must also complete this section.

Parent(s) or Guardian(s) must sign for any participating minor (those under 18 years of age) and agree that they are subject to all of the applicable terms of this Document as set forth above except the waiver of the student’s rights.

I have read the foregoing document and understand the risks involved with the course my child is taking. In consideration of my child’s participation in CAPES! I do hereby agree to this waiver and release of my rights and the rights of the other parent or guardian.

I recognize that participation in CAPES! may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that my child is free from any known heart, respiratory or other health problems that could prevent my child from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that my child receives. I agree to release State of Utah, WSU, and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that my child receives as a result of participation in CAPES!.

I further agree to release the State of Utah, WSU, their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney’s fees or harm of any kind or nature to me arising out of my child’s participation in this program. I understand my signature here includes my agreement to release any claims I may have against WSU as a result of any injury, damage, death or other loss suffered by my child.

Parent or Guardian Printed Name  Signature      Date

I give Weber State University the absolute right and permission to use, publish, re-use, re-publish, modify, edit, alter, copy, exhibit, display or distribute any likeness or images in which my child may appear for unlimited use in any medium, whatsoever, without restrictions. This may include, but is not limited to, use in various publications, public affairs releases, recruitment materials, or for advertising or promotional purposes. I understand and agree that these materials will become the property of Weber State University and will not be returned. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child’s likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the image.

I further release and hold harmless Weber State University from any and all claims arising out of or in connection with the use of this photo/video, including, but not limited to, libel, slander, invasion of right of privacy, publicity or personality relating to the exercise of any rights referred to herein.

Name of child: ___________________________________________________ (Please Print)

Name of parent/guardian: ___________________________________________ (Please Print)

Mailing Address (Please Print):

_________________________________________________________________

Street

_________________________________________________________________

City     State  Zip

Signature: ___________________________ Phone: ___________________

Witness: ___________________________ Date: ___________________

(Weber State Representative)
When evacuating your building or work area:

- Stay calm, do not rush and do not panic.
- Safely stop your work.
- Gather your personal belongings if it is safe to do so. (Reminder: take prescription medications out with you if at all possible; it may be hours before you are allowed back in the building.)
- If safe, close your office door and window, but do not lock them.
- Use the nearest safe stairs and proceed to the nearest exit. Do not use the elevator.
- Proceed to the designated Emergency Assembly Area (EAA) and report to your roll taker.
- Wait for any instructions from emergency responders.
- Do not re-enter the building or work area until you have been instructed to do so by the emergency responders.

(See Building Map Enclosed)

**Evacuation Procedures**

A building occupant is required by law to evacuate the building when the fire alarm sounds.

(See Building Map Enclosed)

<table>
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<tr>
<th>Emergency Information</th>
<th>Locations</th>
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<tr>
<td>Posted evacuation diagrams including routes and fire alarm pull stations</td>
<td>Base of stairways, elevator landings and inside public doors.</td>
</tr>
<tr>
<td>Maps of Emergency Assembly Areas (EAA)</td>
<td></td>
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</tbody>
</table>

**Potential Fire Hazards**

Following are the potential* fire hazards identified in Stromberg/Swenson Gym Complex:

- Combustible materials (e.g. paper, cardboard, wood, etc.) Laundry Room (Lower Level 2)
- Flammable/combustible gases in laboratories (Laboratory 33) Arena Level 1 (In Secured Cabinet)
- Flammable/combustible solids in laboratories (Swimming Pool Pump House) (Lower Level 2)
- Flammable/combustible liquids in laboratories (Laboratory 33) Arena Level 1 (In Secured Cabinet)

*Fire hazards are controlled by proper storage and housekeeping procedures.

**Earthquake Procedures**

In case of an earthquake:

8/21/2013