



CHALLENGER BASKETBALL DETAILS

REGISTRATION

- Jan. 1 – 23. \$15 per child
- Register online at retrac.cstx.gov or visit Stephen C. Beachy Central Park at 1000 Krenek Tap Road. No residency restrictions

AGE LIMIT

- Ages 3 & up

SEASON

- 5 Saturdays (Jan. 24, 31, Feb. 7, 14, 21) from 10:30 – 11:30 a.m.
- 5 Mondays (Jan 26, Feb. 2, 9, 16, 23) from 6:15 – 7:45 p.m.
- **This is your schedule so please keep this information**

LOCATION

- Lincoln Recreation Center (1000 Eleanor St)

LEAGUE FORMAT

- Tailored to the needs of the individuals
- Activities to develop skills & advance towards games
- Wheelchairs, walkers, and crutches are welcomed

UNIFORMS

- T-shirts are provided for all participants

HOW/WHEN CONTACTED

- Your schedule is listed above on this sheet
- A program representative will try and make contact with you before the first day
- Do not wait for an email or call, just use this information sheet as your schedule

SPECIAL NOTE

- Participants will be subject to having photos taken and used to market programs by City of College Station officials, or by media
- By registering your child, you are agreeing to the possibility that their picture might be taken and used
- If you have any questions regarding this policy please contact one of our staff members

PROJECT SUNSHINE

- The Project Sunshine will be providing volunteers to help run the program and teach skills to the individuals
- We are also accepting individual volunteers

This program is primarily funded by the City of College Station Parks and Recreation. We also want to thank PROJECT SUNSHINE for their volunteer support of this program



CHALLENGER BASKETBALL REGISTRATION

CHILD'S FIRST NAME: _____ LAST: _____

ADDRESS: _____

CITY: _____ ZIP: _____ GENDER: MALE FEMALE

AGE: _____ BIRTH DATE: _____ SCHOOL: _____

PLAYER'S T-SHIRT SIZE: YOUTH X-SMALL YOUTH SMALL YOUTH MEDIUM YOUTH LARGE

ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT X-LARGE ADULT XX-LARGE

AMBULATION

- Walks Assisted
- Walks Unassisted
- Walks Using (Walker Crutches Braces)
- Wheelchair (Manual Electric)
- Transfers (Alone Needs Assistance)

COMMUNICATION

- No Problems Non-Verbal Sign Language
- Limited abilities, but can communicate daily needs
- Communication Device _____

VISION

- Normal Limited Blind Glasses

HEARING

- Normal Deaf Hard of Hearing
- Hearing Aids

BEHAVIOR

- No Problems
- Problems Triggered by: _____
- Positive Reinforces: _____

SEIZURES

- None One or two as a small child
- Type: _____
- Last one: _____
- Frequency: _____
- Duration: _____
- Pre-Seizure Activity: _____
- Triggered by: _____
- _____
- Medications: _____

CHIEF DIAGNOSIS (LIST ALL)

1. _____
2. _____
3. _____
4. _____
5. _____

OTHER COMMENTS OR CONCERNS

