

# UNIFIED SOCCER

## NO SOCCER EXPERIENCE NEEDED

**COACHES: Dana Weiss and Sara Laster**

### OUR GOAL:

Promoting social inclusion in school, by empowering youth to be the change.

**What Is It?** A soccer team for students in both our special education and general education programs

**Days and Time?** Tuesdays and Thursdays (starting Oct. 2nd) from 3:15-5:00

**Cost?** Free **ALL PAPERWORK DUE BY SEPT 20TH ~ PAPERWORK ON WEBSITE**

**Grade Levels?** 5 - 8

### What Is Unified?

Being a Unified School shows our level of acceptance and dedication for social inclusion. It joins students in our special education programs and students in our general education programs, educators and administrators in collaboration to create supportive classrooms, school-wide activities and opportunities for growth and success for all. It puts students side-by-side, playing on the same team and encouraging each other to succeed. The Unified Program creates a quick path to friendship and understanding.

### Creating Social Inclusion in Schools

Special Olympics Unified Champion Schools® builds on Special Olympics' values, principles, practices, experiences and impacts to shape a generation that welcomes everyone.

The Unified Champion Schools® approach incorporates Special Olympics sports, leadership and related activities that empower youth to be change agents in their communities. This is a paradigm shift from a focus on events to that of a whole school movement for inclusion.

Special education and general education students alongside educators and administrators are encouraged to collaborate to create supportive classrooms, school-wide activities and opportunities for growth and success for all.

When everyone in a school fosters a socially inclusive school climate that emphasizes acceptance, respect and human dignity for all students, schools become places where no student is isolated because of the degree or type of disability or the services required to meet his/her needs.

**Together we are creating a *Unified Generation* that Chooses to Include.**



# Unified Soccer

## No Soccer Experience Needed

### LEBANON TOWNSHIP SCHOOL DISTRICT **PARENT PERMISSION FORM FOR UNIFIED ATHLETIC PARTICIPATION**

(must be completed in full – please type or use ink and write legibly)

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH (mm/dd/year) \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

ADDRESS

\_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE (mom and dad) \_\_\_\_\_

Please list all medical concerns (allergies, asthma, important medical issues, etc.) below:

\_\_\_\_\_

#### **PARENTS PERMISSION:**

I understand that my son/daughter desires to participate in **UNIFIED SOCCER** extra-curricular activity in the Lebanon Township Schools. I am aware that such activity involves the potential for injury which is inherent in all extra-curricular activities, especially sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. I have read and understand this warning and I hereby give permission for my son/daughter to participate in the above listed activity. I also give my permission for the school nurse to share medical information about my child with the appropriate school personnel on a need to know basis only. My signature below also indicates that I have read and understands the risks associated with **Sudden Cardiac Death in Young Athletes** and **Sports-Related Concussions and Head Injury** found on the district website.

#### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I hereby give permission for Emergency Medical Treatment by the team physician, school trainer, nurse and/or other allied medical personnel if necessary due to conditions arising due to my son/daughter's participation. This will include, but not be limited to, initial diagnostic x-rays and other such procedures as the attending physician may see necessary for the preservation of health.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT-ATHLETE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If a minimum number of students do not sign up for a sport, activity, club or field trip as determined by the school principal, the district has the right to cancel the program.

