



2010-2011

Program  
Information and Registration Packet



Sled Hockey  
Adaptive Paddling  
Wheelchair Basketball  
& Recreational Family Swim



## Move Along Sled Hockey

You don't need to be able-bodied to play hockey and you do not need to be disabled to play in a sled. Try the new and exciting, fast paced game in Central New York. Come and Move Along with us this winter!!

Sled Hockey which is also referred to as sledge hockey is a program that enables its participants to play the game of ice hockey. Sled Hockey is very similar to ice hockey with the exception of equipment. Participants use specially designed sled which sit atop two ice hockey skate blades. Each player has two short hockey sticks with metal picks on the end which is used to propel him/her across the ice.

Our Sled Hockey program is designed for both beginners and experienced players of all ages. This program offers its players the opportunity to play competitively with other teams in the NY Area. Although official games will be played on full ice our practices will be played cross ice to foster the development of skills with the hopes of developing future Paralympic athletes.



### **Location:**

Cicero Twin Rinks  
5575 Meltzer Court  
Cicero, NY 13039

### **Cost:\*\*\***

\$150 Youth  
\$200 Adult

\*\*\*We will not turn participants away due to their inability to pay!

### **Practice Schedule:**

<http://movealonginc.org/wp-content/uploads/2010/04/2010-11-Move-Along-CNY-Sled-Hockey-Flyers.pdf>

### **2010-2011 Season:**

November 2010- March 2011

### **Contact Information:**

Sean Callen  
Email: [sean@movealonginc.com](mailto:sean@movealonginc.com)  
Phone: 607-327-2039

## SLED HOCKEY CONTINUED:

The Sled Hockey program provides its participants with sleds, hockey sticks, and a helmet to use during practices and games. Equipment is limited and individuals with physical disabilities will be given priority over our able-bodied participants.

\*\*\*Participants should supply the following protective equipment: Chest guard, mouth guard, hockey gloves, elbow pads, and any other protective gear that the participant feels is necessary.

Our participants with physical disabilities should also keep in mind that paralysis increases the risk of developing hypothermia while on the ice so they should dress appropriately. Bracing (AFO's, Scoli-jackets, etc.) increases this risk so when possible bracing should not be worn on the ice. Please be sure to perform skin checks regularly and if you show any signs of hypothermia please inform the coach so that proper action can be taken.



## Move Along Adaptive Paddling

Is it the sense of challenge and discovery; the beauty of the land, water, and wildlife around your boat; the energy and renewal after a great paddle; or the bond between paddlers? For paddlers with disabilities it is all of those reasons plus it is freedom. And with 54 million people in the United States possessing a disability, it's likely that disability affects your life in some way, or that of a friend or a family member. Adaptive paddling opens the door to paddling to all, including people who have disabilities.

### What is Adaptive Paddling?

It is simply paddling canoes and kayaks using the standard equipment which is adapted as needed to compensate for any function the paddler has lost due to disability. While an adaptation may be made to the paddle grip or the seating support within the craft, the sport of paddling is not changed or "adapted". The same canoes, kayaks and paddling gear are used in the same manner. Adaptive Paddling programs are committed to providing full integration of paddlers who have disabilities and to provide all paddlers with the equipment, teaching style, and paddling locations that best meets the paddler's needs. On the water all paddlers are equal. It is a paddler's ability, not their disability that makes the difference. Water is the ultimate equalizer. Paddling is Freedom

#### Here is a list of items you will need to bring with you:

- Change of clothes
- Sunscreen
- towel and warm clothing
- 2 Water Bottle
- Hat and sunglasses + safety strap

#### Optional Items:

- Light synthetic undergarment (polypropylene, bergalene, capilene) top & bottom - Wetsuit
- Dry top - Paddling Pants
- Booties/Wet shoes ♦ Camera/Film

#### Move Along will provide:

- Watercraft
- Paddles
- Life Jacket and Whistle
- Buoyancy aid

#### Location:

TBA

#### Cost:

TBA

#### Times:

TBA

#### Dates:

2011 Dates TBA

#### Pre-Paddling Pool Session:

TBD

#### Contact Information:

Nikki Cook

Email: [nikkicook44@gmail.com](mailto:nikkicook44@gmail.com)

Phone: 315-761-1106

On the web at: [www.movealonginc.com](http://www.movealonginc.com)



## Adaptive Paddling Outing Safety Rules

All outing safety rules are designed with your and everyone else's safety in mind, while not being too restrictive.

You must have taken Intro to Kayaking/Pre-Paddling Pool Session to participate in any club outing.

### **Outing Officers**

- Leader – the Leader is responsible for ensuring all the Club, Outing and Safety Rules are followed. If all goes well their presence should never be noticed. That being said they have ultimate authority over all decisions including whether the trip is canceled, whether someone can or cannot go on the trip, or if the group is to turn around. Please respect their decisions and that they have a reason for those decisions
- Lead Kayaker – the Lead Kayaker sets the pace of the outing – no one is to proceed past the Lead Kayaker at anytime. The Lead Kayaker is selected by the Leader.
- Sweep Kayaker – the Sweep Kayaker is the last kayaker in the group, their job is to ensure no one falls behind. All kayakers are to stay in front of the Sweep Kayaker. The Sweep Kayaker is to carry a whistle to signal to the group.

### **Before entering the water**

- Each member must be properly dressed – error on the side of caution, bring extra clothes and appropriate clothing.
- Each member must work with the Leader to pick out an appropriate boat.
- Each member must choose out proper safety gear – a Paddle, PFD are minimum requirements for each outing – you may be required to take other safety gear depending on the outing. Please inspect all gear for defects before entering the water. If you find any problems please inform the Leader immediately.
- Foot pegs must be properly adjusted
- Please bring an adequate water supply to all outings – even though we are surrounded by water it is unfit to drink!

### **On the Water**

- Stay between the Lead and Sweep kayakers
- PFD must be fully secured at all times on the water – Absolutely no exceptions
- Remain adequately clothed all times!

The Contents of this page are in no way a replacement for proper instruction. These are general rules for members of the Move Along Adaptive Paddling Programs.



## Move Along

### Wheelchair Basketball (Adult)

Move Along's recreational wheelchair basketball team offers its participants an opportunity to have fun while keeping fit. Wheelchair basketball is a fun and energetic game that fosters peer mentoring. Each year our team plays other NY state teams at the State Fair in front of the coliseum and many of its participants act as peer mentor for our youth rebound program.

This program is for ages sixteen and up. Specialized basketball wheelchair are provided but limited. Participants rotate in and out throughout the practice to allow everyone a chance to enjoy this great physical activity.

### Competitive 3on 3

Move Along is in the process of forming a competitive wheelchair basketball team. This team would compete against other wheelchair basket ball teams in the NY State and potentially travel to other states.

*Fee to be determined...*



### Recreational B-Ball:

#### Location:

Dr Weeks Elementary School  
Syracuse, New York

#### Cost:

Free

#### Times:

Tuesday 6:30-8:30 pm

#### Season:

June 2010- December 2011

#### Contact Information:

Greg Callen

Email: [greg@movealonginc.com](mailto:greg@movealonginc.com)

Phone: 315-374-0082



## Move Along

### “Rebound” Youth Wheelchair Basketball

Our rebound youth program enables young athletes to play the game of wheelchair basketball, while improving their motor skills and physical well being. This program offers a non-competitive atmosphere which fosters team work and friendship building skills.

Many of our adult wheelchair basketball players come to our practices as peer mentors.

This program is designed to teach basic basketball skills and focuses on coordination development. Each practice starts with a stretching and a motivational talk from the coach. Then the participants work on skill building activities and team work building activities. At the end of each practice the participants and their families participate in a game of sharks and minnows (similar to tag) after which everyone rallies together to say the Move Along cheer.

This program runs for six weeks during the fall and spring.

*\*\*\*This program is sponsored by Colonial Laundromats and the Syracuse Boys and Girls Club.  
And is free of Charge*



#### **Location:**

Boys and Girls Club of Syracuse  
201 Hamilton St  
Syracuse, NY 13204

#### **Cost:**

Free

#### **Times:**

6-7:30 pm

#### **Dates 2010-2011:**

Dec 3<sup>rd</sup> – April 1<sup>st</sup>

On the 1<sup>st</sup> and 2<sup>nd</sup> Fridays of the month

#### **Contact Information:**

Greg Callen

Email: [greg@movealonginc.com](mailto:greg@movealonginc.com)

Phone: 315-761-1106



## Move Along Recreational Family Swim

Our family recreational swim night is a fun activity for the whole family. This program is for individuals with physical disabilities who want to enjoy being in the water with family and friends. Family Swim is open to individuals who are just getting reacquainted with pool based activities as well as avid swimmers. So come on out and enjoy this great opportunity to swim, splash around or just relax while enjoying the freedom of water.

There will be a lifeguard on duty and volunteers to assist our participants if needed as well as a wheelchair for entering the pool via the ramp.

We'd like to thank the Institute for Human Performance for donating the use of their state of the art pool. The 200-ton floor of this extraordinary pool adjusts from ground level to seven feet in depth, making it ideal for diverse applications, including aquatic therapy under reduced-gravity conditions, performance analysis for competitive swimmers and health promotion programs. For participants with disabilities, the pool's moveable bottom, combined with a specially engineered wheelchair ramp, provide unprecedented access and independence.

Please be sure to bring appropriate swim wear and towels.

**Location:**

Institute for Human Performance  
505 Irving Avenue  
Syracuse, New York

**Cost:**

Free

**Times:**

6-7:30 pm

**Dates 2010-2011:****3<sup>rd</sup> Friday of the month**

September 17<sup>th</sup>, October 15<sup>th</sup>, November 19<sup>th</sup>, December 17<sup>th</sup>,  
January 21<sup>st</sup>, February 18<sup>th</sup>, March 18<sup>th</sup>, & April 15<sup>th</sup>

**Contact Information:**

Nikki Cook

Email: [nikkicook44@gmail.com](mailto:nikkicook44@gmail.com)

Phone: 315-761-1106



Participant's Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname \_\_\_\_\_ M  F  Age \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (street) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Disability \_\_\_\_\_

Primary language \_\_\_\_\_ If NOT English, does participant speak English? YES  NO

**Program Choices: (select one or all)**

- Aquatics: Paddling \*\*\*  Sled Hockey  Wheelchair Basketball (adult)
- Aquatics: Recreational Family Swim  Wheelchair Basketball ("Rebound" youth)
- other \_\_\_\_\_  other \_\_\_\_\_

\*\*\*Pre- Paddling Pool Session Required to attend all Adaptive Paddling Sessions: Location and Date to be announced

Has participant Kayaked before? YES  NO  Where? \_\_\_\_\_  
When? \_\_\_\_\_

Has the participant been in a pool before? YES  NO  Where? \_\_\_\_\_  
When? \_\_\_\_\_

Has the participant played Sled Hockey before? YES  NO  Where? \_\_\_\_\_  
When? \_\_\_\_\_

Has the participant played Wheelchair Basketball before? YES  NO  Where? \_\_\_\_\_  
When? \_\_\_\_\_

**Contact Information**

EMERGENCY CONTACT Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone# (\_\_\_\_) \_\_\_\_\_ Work phone# (\_\_\_\_) \_\_\_\_\_ Cell phone# (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

**For Minors Only:**

Who has Legal Custody of this child? \_\_\_\_\_

\*\*\* NOTE for children who live in non-family settings we must have 24 hrs/day contact information for emergencies

Name of parent(s) or guardian(s) child lives with \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

Home phone# (\_\_\_\_) \_\_\_\_\_ Cell phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Home phone# (\_\_\_\_) \_\_\_\_\_ Cell phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Move Along  
Waiver and Release of Liability  
Read Before Signing**

IN CONSIDERATION of being permitted to participate in any way in Move Along Programs and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of said programs, and related Activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately notify the nearest official and discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) the programs and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Move Along, its affiliated clubs, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE OF BIRTH: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE PROGRAMS AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: ( ) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_

DATE: \_\_\_\_\_

*Move Along*

*Photo Release Form*

Permission to Use Photograph and Video Footage

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

I grant to *Move Along* its representatives and employees the right to take photographs of me and my property in connection with *Move Along Inc.* events and activities. I authorize *Move Along* its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that *Move Along* may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)

\_\_\_\_\_  
(relationship)

**Please list all family members and friends who will be participating in this program:**

(Please print this page for each program where participant will be accompanied by friends or family members.)

**PROGRAM NAME:** \_\_\_\_\_

Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____
Name_____	Relationship_____	DOB_____

All of the above listed participants agree to the Liability waiver and agree to participate in this program at their own risk.

Responsible Party\_\_\_\_\_ Date\_\_\_\_\_

(Signature)

**\*\*\* Please sign photo release for each minor.**