

**CYO**  
**Sports Program**  
**for Developmentally Challenged Children**

**Five (5) week Recreation Program**  
**(free)**

**Kids 9-16**

**Join Us!**

Schedule

**Sunday** (April 19, April 26, May 3, May 10 at NY Institute of Technology  
12:00 pm – 1:30 pm

**Saturday**, May 16 at Wantagh Park, Field # 2  
(9:30am– 11:00 am)

**Sports offered may include:**

**Soccer, Track, Basketball, Softball, Kickball, Volleyball, and Field Day.**

**Space is limited. Please register no later than Wednesday, April 8, 2009**

**For additional information, please contact:**

**Rese Sangirardi of CYO @ 516-433-1145 x 12 or email [Rese@cyons.org](mailto:Rese@cyons.org)**

**We urge a parent or guardian attend the Recreational Program**

**VOLUNTEERS NEEDED....contact Rese @ 516-433-1145 x 12**



Please print or type all responses and mail it to  
CYO Nassau/Suffolk, 20 E. Cherry Street, Hicksville, NY 11801

Participant's Name: \_\_\_\_\_  
Last First Age

Parent/Guardian's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Town State Zip

Emergency Contact's Name (other than parent/guardian): \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Town State Zip

**Nature of Participant's Disability**

- Mentally Retarded
- Learning Disabled
- Autistic
- Speech Impaired
- Emotionally Handicapped
- Visually Impaired
- Attention Deficit Disorder
- Hearing Impaired
- Other: \_\_\_\_\_

**Parent/Guardian Consent**

I hereby permit \_\_\_\_\_ to attend the recreational program.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

We kindly suggest that parent or guardian stay for the Recreational Program