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Submit Application

SMALL CHAMPIONS OF COLORADO, INC  
 PO BOX 4691  
 VAIL, CO 81658-4691

### APPLICATION FOR SMALL CHAMPIONS

Small Champions provides sports programs for children and teens with disabilities that require special adaptive instruction and/or equipment to participate. A child's primary residence must be in Eagle County. Please review the eligibility document before submitting this application. The board will review each application on a case – by - case basis. Admittance to the program is also based on space availability.

Please Print Child's:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Legal Guardian(s) Name:

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

**Please state your child's disability:**

\_\_\_\_\_  
\_\_\_\_\_

**Can you provide a Physician diagnosis and/or an Individual Education Plan (IEP) for your child?**

\_\_\_\_\_

**What major life functions does your Child's disability effect?**

\_\_\_\_\_  
\_\_\_\_\_

**Is your child able to participate in any group sporting activities without one on one supervision? If so, please give examples.**

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**How do you feel participation in Small Champions will benefit your child?**

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**If applicable, identify any adaptive ski/snowboard equipment that will be required.**

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**What school does your child attend?**

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**Please provide the name of your child's case worker.**

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***Please Note: If your child is accepted into the program you as the parent/guardian, or any family member will be required to either commit to 10 hours annually of volunteer time to Small Champions or pay a fee of \$150 annually. I will:***

Volunteer 10 hours: \_\_\_\_\_ (Annually)

Pay fee of \$150: \_\_\_\_\_ (Annually)

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Print Parent/Guardian Name

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Signature of Parent/Guardian

\*Applications for each Small Champion are required and reviewed annually.