



Small Champions, Inc.  
PO Box 4691  
Vail, CO 81658-4691

#### APPLICATION FOR SMALL CHAMPIONS

Small Champions provides sports and recreation programs for children and teens with disabilities that require special adaptive instruction and/or equipment to participate. **Applicants are required to be in a Significant Support Needs program/classroom or have a documented physical disability.** The applicant's primary residence must be in Eagle County, Colorado. Please review the Small Champions Eligibility document prior to submitting this application. We will review each application on a case-by-case basis. Admittance to the program is also based on space availability.

#### Please print or type

Child's Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_

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

Parent(s) or Legal Guardian(s) Name \_\_\_\_\_

Mobile Phone(s) \_\_\_\_\_ Home Phone(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

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

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

Child's Disability: YES or NO. Please describe and provide documentation.

Physical Disability: \_\_\_\_\_

Cognitive/Intellectual Disability: \_\_\_\_\_

Amputation: \_\_\_\_\_

Hearing Impairment: \_\_\_\_\_

Visual Impairment: \_\_\_\_\_

Seizure Disorders: \_\_\_\_\_

Please select either Y (yes) or N (no) for one of the 3 options in each of the categories below. When/if you select "Y", please provide a description.

**Safety:**

Y \_\_\_ N \_\_\_ The applicant is physically and emotionally safe to self and others across all environments.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant needs prompting and redirection to maintain their safety both physically and emotionally.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant requires one on one support to maintain physical and emotional safety across all environments.

Describe \_\_\_\_\_

**Communication:**

Y \_\_\_ N \_\_\_ The applicant uses language to carry on a conversation and communicate his/her wants and needs.

Describe \_\_\_\_\_

The applicant [ ] hears and understands [ ] speaks and uses body language. Please check one.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant uses an augmentative communication device, American Sign Language, or other means to communicate.

Describe \_\_\_\_\_

**Physical:**

Y \_\_\_ N \_\_\_ The applicant is able to access all environments independently with adequate ability to balance, walk, and the upper body strength to carry their belongings.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant requires some support to access all environments.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant requires one on one support to safely access all environments.

Y \_\_\_ N \_\_\_ The applicant uses a wheelchair, walker, or requires other physical support to move from one place to another.

Describe \_\_\_\_\_

**Cognitive:**

Y \_\_\_ N \_\_\_ The applicant is able to sustain attention to a given task, follow 4 step directions, focus and problem solve across all environments.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant needs some support and prompting to follow directions, initiate tasks, sustain focus and organize themselves.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant requires one on one support and redirection to focus on a given task and needs modifications in instruction to be successful.

Describe \_\_\_\_\_

**Medical:**

Y \_\_\_ N \_\_\_ The applicant does not have medical needs that will need to be attended to during Small Champions activities.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant has medical needs. Please list needs.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant has medical needs that require one on one monitoring through the day.

Describe \_\_\_\_\_

**Community Recreation Participation:**

Y \_\_\_ N \_\_\_ The applicant is able to participate in community recreation activities independently.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant has participated in community recreation activities, and it has been determined that they require support to be successful.

Describe \_\_\_\_\_

Y \_\_\_ N \_\_\_ The applicant has not participated in community recreation activities due to the level of support required and adaptations necessary for participation.

Describe \_\_\_\_\_

What major life functions does the applicant's disability affect?

---

---

How do you feel participation in Small Champions will benefit the applicant?

---

---

What school does the applicant attend?

---

Please provide the name of the applicant's special education teacher or case worker.

---

***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 10 hours annually of volunteer time to Small Champions or pay a fee of \$300 annually. I will:***

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

Pay fee of \$300: \_\_\_\_\_ (Annually)

---

Print Parent/Guardian Name

---

Signature of Parent/Guardian

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