

**SUNY Cortland**  
**SIMS Lab/Skill Builders/Challenger Sports Program**  
**Fall 2016**

September 1, 2016

Dear Parent/Guardian,

YES! We're back and it's that time again! The SIMS Lab/Skill Builders and Challenger Sports Programs. We are gearing up for another great semester. We have exciting news! **Mr. Brian Renta** and **Ms. Alesha Widdall** (our wonderful Graduate Students) will be joining us this Fall! We are excited to get the program started and have new opportunities in the **Sensory Integration Motor Sensory Lab!** Do not hesitate to contact me or the GA's if you have questions or concerns. Please take a moment to review the attached materials and do not hesitate to contact us if you have questions.

As always, thank you for your patience and continued support. The student assigned to your child will be contacting you no later than the week of the 11th to conduct a pre-Skill Builder introduction and to ask a few questions about your child (favorite activity, favorite color, etc.). **We hope that you will accommodate their phone call and look forward to seeing you all on the first night of lab Sept 16<sup>th</sup>!**

**SIMS LAB – (all ages by appointment only)** – Referral from OT/PT or Speech Pathologist is required

**SKILL BUILDERS (Birth to Age 5)**

The Skill Builder Program (ages birth -5 years) will run from 6:00 to 6:45 (arrive at 5:55) and will be staffed by students who are enrolled in the Adapted Physical Education introductory course. This program can accommodate about 25 children in three separate gyms. Infants and toddlers will be housed in the dance studios and the 4-5 year olds will be in the larger gym (D-305). As always, each week we will have a new theme. Please feel free to let your children know the theme (e.g. fall leaves) as we encourage you to read books, tell stories, bring in show and tell items, etc for each weeks theme. Your child's teacher will do their best to inform you ahead of time of their plans for that weeks theme. Please do not forget to share with your child's teacher any school related goals/objectives your child is working on in regards to speech, social, cognitive, or movement goals. We encourage you to let us know so that we may continue to incorporate them into our program.

**CHALLENGER SPORTS (6 to 15+ years)**

The Challenger Sports Program (6 to 15+ years) will run from 7:00 to 7:45 (arrive at 6:55) and again will be staffed by students who are enrolled in the Adapted Physical Education introductory course. This program can accommodate about 20 children and is housed in the large gym (D-305) only. The emphasis is to provide your son or daughter necessary practice on sport related skills such as striking, fielding, kicking, and catching. In addition, loco-motor movement patterns associated to gymnastics and tumbling routines will also be explored. Again, each week will be a new sport related theme designed to give your child the added practice they will need to be successful in physical education.

**If you have not already done so, the enclosed registration packet must be completed and returned to the Adapted Physical Education Graduate Student Office prior to the first lab session (if possible by September 10, 2016).** The first lab session **WITH KIDS** will begin on **Tuesday, September 15th**. Please note that participants with disabilities will be given first priority until the program is full. We will be able to accommodate typically developing siblings as our numbers warrant. If you have any questions, please be sure to contact Brooke DeMarco or Chris Faro at the Adapted Physical Education Graduate Student Office (753-5540) or myself (753-4969).

Thank You,

*Doc Davis*

Timothy D. Davis, Ph.D., CAPE  
Adapted Physical Education  
607-753-4969

**SUNY CORTLAND**  
**SIMS LAB**  
**SENSORY INTEGRATION MOTOR SENSORY**  
**Fall 2016**

**REGISTRATION AND INFORMATION FORM**

CHILDS NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
Email Address: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_  
EMERGENCY PERSON: \_\_\_\_\_

**PROGRAM CHOICE:**

Please indicate the program (s) in which you would like to participate.  
\_\_\_\_\_ I would like to participate in the SIMS Lab program (by appointment only)  
\_\_\_\_\_ I would like to participate in the gym program from 6:00 to 6:50 (Skill Builders)  
\_\_\_\_\_ I would like to participate in the gym program from 7:00- 7:50 (Challengers Sports)

**EMERGENCY CONTACT:**

We wish to teach your child in a safe and fun manner, however in case of an emergency please indicate any medical or physical conditions that the staff of the SIMS Lab/Skill Builders / Challengers Sports programs should be aware of regarding the safety of your child. In addition, please describe any activities that should be avoided or that may be contraindicated regarding your child. Please provide copies of any written material (doctor referral, etc.) that would help us serve your child. Please note this information will remain confidential and will be accessed by the SIMS Lab/Skill Builders / Challenger Sport staff.

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

**DEVELOPMENTAL CHARACTERISTICS:**

Please provide a description of your child's medical or developmental characteristics. This information will be treated confidential and only reviewed by the child's teacher and program director.

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

**PARTICIPANT ABILITY:**

Please provide a brief description of your child's gross motor ability. Please provide a description of your child's language, social, and emotional abilities.

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

**PARTICIPANT GOALS:**

Please provide a description of the type of goals you would like to see your child work on during the program. These should include gross motor goals but can include speech/language and social.

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

**SUNY CORTLAND**  
SIMS Lab/ SKILL BUILDERS / CHALLENGERS SPORTS

**Consent for Photographs or Videotaping**

I, the undersigned, hereby authorize photographs and/ or movies of \_\_\_\_\_ by  
(Name of Participant)

representatives of the above-names program or other designated persons to be viewed by above-named program staff in contributing to the educational development of this staff in the advancement of teaching techniques and program activities.

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

\_\_\_\_\_  
DATE

I further agree that the above-named program may use or permit other persons to use the negatives or the prints prepared there from for any such educational purposes or to promote the program and in such manner as may be deemed beneficial and necessary. It is understood that the individual's name will not be visible during such a usage unless permitted by the undersigned.

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

\_\_\_\_\_  
DATE

Return to: Timothy D. Davis, Ph.D., CAPE  
E1106 Park Center  
Department of Physical Education  
SUNY Cortland  
Cortland NY, 13045  
607-753-4969  
607-753-5540 (graduate student office)

**PARENT AND OR GUARDIAN MEDICAL RELEASE**

In the unlikely event that the participant named above medical assistance, I give my permission to provide the participant proper care. In case our personal physician cannot be reached, you may take the participant to the following hospital (please indicate "any" or state your preference) \_\_\_\_\_. I have read the program description and acknowledge that all of my questions regarding the program have been satisfactorily answered. I understand the nature of the program, including both the risks and benefits. I also understand that the participant may be withdrawn form the program at any time. I give my permission for the child named above to participate in the Skill Builders / Challenger Sports/ SIMS Programs.

\_\_\_\_\_  
SIGNATUIRE OF PARENT/ GUARDIAN

\_\_\_\_\_  
DATE

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