



APPLICATION FOR SMALL CHAMPIONS

Small Champions provides programs for children 5 years and older who are physically and multi-disabled and would not otherwise be able to participate in sports. 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. Applications are due by November 23, 2009. Please INCLUDE your child’s IEP and Doctors Evaluation with your application. You need to complete an application EACH YEAR for your Small Champion.

Please Print Child’s:

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

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

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

Parent or Legal Guardian Name: \_\_\_\_\_

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

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

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

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

Physical Address \_\_\_\_\_ City \_\_\_\_\_

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

Email address: \_\_\_\_\_

Please state your child’s disability:

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

What major life functions does your Child's disability affect:

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Is your child able to participate in any group sporting activities without one to one supervision? (Please answer clearly)

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

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If applicable, please identify any adaptive ski equipment that will be used: \_\_\_\_\_

Please Note: If your child is accepted into the program you as the parent/guardian will be required to either devote 10 hours of volunteer time to Small Champions or pay a fee of \$300. I will:

Volunteer 10 hours: \_\_\_\_\_ (Dec. 15, 2009 to Nov. 31, 2010)

Pay fee of \$300: \_\_\_\_\_ (Due by December 15, 2009)

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Print Parent/Guardian Name

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Signature of Parent/Guardian

Please fax to: 970-476-6686 or mail by Nov. 20, 2009 to:  
Small Champions  
P.O. Box 4691  
Vail, CO 81658-4691