

**Wayne State University / VAC Training Program  
and the  
Greater Detroit Agency for the Blind and Visually Impaired  
Goalball Camp 2009**

This innovative program will provide students a summer camp experience featuring the fun and exercise of sports and life skills development. The sport of Goalball is a game played by youth and adults that are blind and visually impaired. Youth and adults with sight can also play this game, all of the participants wear blindfolds!

To be conducted at:  
Detroit Day School for the Deaf  
4555 John C. Lodge Detroit, MI (313) 494-1803

## Camp Dates

### Goalball

June 22, 2009	June 23, 2009	June 24, 2009	June 25, 2009
9 a.m. – 3:00 p.m.	9 a.m. – 3:00 p.m.	9 a.m. – 3:00 p.m.	9 a.m. – 3:00 p.m.

For general information call Ron Simpkins-Associate Director (313) 577-5945  
Website: [www.coe.wayne.edu/Grants/VAC/](http://www.coe.wayne.edu/Grants/VAC/)

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(Please cut & return with deposit to WSU/VAC-259 Matthaei Building, Detroit MI 48202)  
Sign-Up Registration Form

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

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

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I/we as parent(s) guardian of the above child hereby give my/our approval for my/our children to participate and there likeness to be used in all of the activities of the above camp. I understand that the WSU/VAC Training Program /Detroit Day School for the Deaf/ Greater Detroit Agency for the Blind and Visually Impaired, its staff or volunteers not responsible for any accident or injury that may occur to my/our children. I/we also give our approval for the picture or likeness of my/our child to promote these camps. Please list any medical information on the back of this form. I/we as parents(s)/guardian of the above child, hereby give my approval for my child to receive medical attention if needed.

Father/Guardian Signature: \_\_\_\_\_ Mother/Guardian Signature: \_\_\_\_\_