



Lenny Ferraro - Founding Co-Chairman

Lenny Ferraro was instrumental in establishing the ucpn Polar Bear Plunge in 2005 and had provided dedicated and tireless service to ucpn for over 25 years as a member of the Board of Directors and through enthusiastic work on numerous vital agency committees. Lenny, a true friend to all, passed away on December 1, 2008. This Polar Bear Plunge and all to follow are now dedicated in his honor and memory.

OUR SPONSORS!!



<p>Sponsorship Opportunities Still Available!</p>	<p>ucpn Polar Bears 380 Washington Avenue Roosevelt, NY 11575 (516) 378-2000 x648 Fax: (516) 223-3384 cevdos@ucpn.org</p>
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Theodore Roosevelt Park
516-624-6202

Take Meadowbrook Parkway North to Northern State Parkway East; take to Exit 35N (106/107) ; follow right fork, following 106; at Hess Station (on left) make left onto Lexington Avenue. Take to end and make left. At next light, make right and park entrance will be facing you.

ucpn Presents the 8th Annual

POLAR BEAR



PLUNGE

To benefit:
United Cerebral Palsy Association of Nassau County, Inc.

Dedicated to the Memory of
LENNY FERRARO - Co-Chairman

March 11, 2012

Festivities at 1:00 PM

Plunge at 2:00 PM



DON'T FORGET TO TURN YOUR CLOCKS AHEAD

Theodore Roosevelt Park
Oyster Bay, New York

CHAIRMEN
Jack Sullivan
Frank Ozol

HONORARY CHAIRMEN

Harvey Weisenberg
N.Y.S. Assemblyman
John Venditto
Town of Oyster Bay Supervisor

**RAIN, SNOW OR SHINE!
INDOOR ASSEMBLY AREA!!**

RAFFLES!!

**FREE
HOT SOUP!**

**PRIZE FOR
BEST
PRE-PLUNGE
COSTUME &
HAT!**

**Sunday, March 11, 2012
FESTIVITIES BEGIN AT
1:00 PM**

**PLUNGE 2:00 PM
Theodore Roosevelt
Park
Oyster Bay, NY
BRING A FRIEND!**

**FREE HOT
TEA &
COFFEE!**

**DJ
FREE HOT
CHOCOLATE!**

**FREE
HOT DOGS!**



DON'T FORGET TO TURN YOUR CLOCKS AHEAD!

**Come and join us for the
8th Annual ucpn Polar Bear Plunge!**

Enjoy the fun of being the first to kick spring into gear with a refreshing dip, while raising money for the

United Cerebral Palsy Association of Nassau County, Inc. (ucpn)

Participation is easy. Just fill out the attached information sheet and try to recruit as many sponsors as possible. The more money raised, the more you help ucpn!
So, come on down and join the fun!

The United Cerebral Palsy Association of Nassau County, Inc. (ucpn) is an independent, non-profit health agency serving over 1,800 children and adults with cerebral palsy, developmental and other disabilities. The Association, founded in 1948, operates a comprehensive Treatment and Rehabilitation Center in Roosevelt, Long Island that has earned international recognition for innovative and high quality programs. ucpn is a total therapeutic community meeting the needs of individuals from birth through their senior years. On-site services are provided for people with a broad range of mild to severe disabilities by a highly trained, experienced staff

“90 cents of every dollar goes back into our programs!”

The ucpn meets all standards of charitable accountability as set by the Better Business Bureau.



Waiver Form

If you are under the age of 18...a parent or guardian must sign this form; then bring it with you to registration in order to plunge.

If you are 18 yrs. of age or older...you will be asked to sign the Waiver and Release on Plunge Day at registration.

The United Cerebral Palsy Association of Nassau County, Inc. (**ucpn**) Release and Waiver of Liability, Assumption of Risk and Indemnity, and Parental Consent Agreement (“AGREEMENT”)

In consideration of participating in the ucpn POLAR BEAR PLUNGE, I represent that I understand the nature of the event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that the POLAR BEAR PLUNGE event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by one’s own actions, or inactions, those of others participating in the event, or the negligence of the “releasees” named below; and that there may be other risks either not known or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child’s participation in the Activity.

I hereby release, discharge, and covenant not to sue **ucpn**, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages on my account and/or that of my minor child caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child’s behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost, including legal fees and court costs, which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Print Participant’s Name

Signature of Participant
 (Only if participant is age 18 or over)

Date

Signature of Parent/Guardian
 (If participant is under age 18)

Date

How did you hear about the PLUNGE? _____

POLAR PLEDGE FORM

**A MINIMUM TOTAL DONATION OF
 \$10.00 IS REQUIRED TO
 PARTICIPATE.**

**Please make all checks payable to:
 ucpn**

All contributions are tax deductible as allowed by law.

RAISE	EARN	SIZE
\$50	Baseball Hat	
\$100	Long Sleeve Shirt	_____
\$250	Hooded Sweatshirt	_____

The wearing of water shoes/sneakers is recommended!

<u>Sponsor</u>	<u>Phone #</u>	<u>Donation</u>
Name: _____	# _____	\$ _____
Name: _____	# _____	\$ _____
Name: _____	# _____	\$ _____
Name: _____	# _____	\$ _____
Name: _____	# _____	\$ _____
Name: _____	# _____	\$ _____
Name: _____	# _____	\$ _____

Name: _____ **Phone :** _____

Address: _____

E-Mail: _____ **Total Collected:** _____

Amex/MC/Visa Accepted: _____ **Exp.** _____

Signature: _____ **Amount:** _____

ucpn Polar Bear Plunge 380 Washington Avenue Roosevelt, NY 11575 www.ucpn.org 516-378-2000 x648	You can register and fundraise online! Go to: http://ucpn2012PolarBearPlunge.kintera.org Like us on - www.facebook.com/ucpnPolarBearPlunge
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