

UDS All-Star Training Club WINTER SPORTS



BOWLING LEAGUE BEGINS NOVEMBER 18
BASKETBALL LEAGUE BEGINS JANUARY 7

SIGN UP TODAY!



10/17/17


ALL-STAR
TRAINING CLUB
A PROGRAM OF UDS

STAFF INFORMATION

Program Information

Dan Lancianese
Sports Supervisor
dlancianese@udsakron.org
330-352-5602

Registration Information/Payment

Danielle Marino
Recreational Coordinator
dmarino@udsakron.org
330-762-9755, ext. 233

Volunteer Information

Jayme Romanchuk
Marketing Specialist
jromanchuk@udsakron.org
330-762-9755, ext. 253

WINTER SPORTS LEAGUES

Bowling League: page 6

Basketball League: page 7



FORMS & POLICIES

Registration & Payment Info: page 4

Policies & Procedures: page 5

Annual Waiver Form: pages 9 & 10

Winter Registration Form: page 11

Subject to Change: *It is our goal to have the most accurate information published. However, locations, dates and times are subject to change. Please refer to the website for the most accurate information.*

MAILING INFORMATION

Please mail registration forms and payments to:

United Disability Services
Attn: Danielle Marino
All-Star Training Club
701 S. Main St.
Akron, OH 44311-1019

INCLEMENT WEATHER

If there is inclement weather, sessions will be cancelled. Please check the website, call Danielle Marino at 330-762-9755, ext. 233, or call Dan Lancianese at 330-352-5602 for the most up-to-date info.

SPOTLIGHT ON

Special Olympics: page 3

★ Congrats to all of the Special Olympics athletes, partners, and volunteers over your success this past year. Interested in being a Special Olympian? Check out the info on page 3 and contact us today!

Special Event: page 8

★ UDS All-Star Training Club athletes, families and friends are invited to participate in **UDS Night with the Canton Charge**. UDS Night will be March 2, 2018. \$2 from every ticket sold will go back to the program.

SPECIAL OLYMPICS

UDS All-Star Training Club Team

Congratulations to all of the UDS All-Star Training Club Special Olympians that represented us this year!
We are proud of all of your accomplishments!



Interested in learning more about joining the UDS All-Star Training Club Special Olympics team as an athlete, partner, volunteer or coach?

CONTACT US TODAY!
JOIN OUR TEAM!

All athletes, partners, coaches, and volunteers are required to keep current Special Olympics forms on file to compete.

UDS All-Star Training Club participates in the following Special Olympics sports:



Unified Bowling
Individual Bowling
Unified Golf
Track & Field
Unified Soccer
Gymnastics
Unified Bocce

REGISTRATION & PAYMENT

PAYMENT OPTIONS

Pre-registration is recommended for the best possible experience. Please mail or email all forms prior to the first day to pre-register. However, same day registration will be accepted.

- **Check/Money Order**
 - Made out to United Disability Services. There will be a \$25 fee for any returned checks.
- **Credit Card** (Visa, Mastercard, Discover)
- **Cash** (bowling and golf only)
- **Waiver** (Check out the “Can I use my waiver” section for more information.)



FINANCIAL AID

For any athlete, with or without a disability, who is in need of financial assistance to cover a portion or all of the cost of ATC activities, please call 330-762-9755, ext. 233, for more information about the many options available.

Can I use my waiver?

If you are eligible for services through your local county board, your current funding source may be used to cover the cost of your participation in UDS All-Star Training Club activities. Options include but are not limited to:

- Level 1 Waiver
- IO Waiver
- Self Waiver

What should I do first?

1. Contact your service and support administrator (SSA) to see if you can use your waiver for our activities prior to the first day of the sport.
2. Select on your registration form that you would like to use your waiver. Make sure to list your waiver type, SSA name, and Medicaid number.
3. Ask your SSA to contact Danielle Marino, recreational coordinator, by phone at 330-762-9755, or by email at dmarino@udsakron.org to initiate the process.

If you are deemed ineligible to use your waiver funding, you must pay by cash, check, money order or credit card by the end of the sport season.

POLICIES & PROCEDURES

REFUNDS/CANCELLATIONS

Refunds will be issued on a case-by-case basis and if granted, will be given as a voucher for a future activity.

In the event of a cancellation, all athletes will be notified prior to the start date. We will also post updates on the UDS All-Star Training Club website.



SOCIAL ETIQUETTE

Appropriate social behavior is stressed during all programs. Our staff members and volunteers will do their best to ensure each participant's success in our programs. If a participant's behavior is detrimental to the group or self (profanity, kicking, biting, hitting, self-abusing, refusal to stay with the group, etc.), a parent or guardian will be called to pick up the participant immediately.

Note: If a participant requires visual supervision or is not independent in his/her personal care, a caregiver MUST accompany the participant to each activity, as UDS All-Star Training Club staff members cannot guarantee constant visual supervision.

FAMILY RATE POLICY

All participants who compete as athletes must register. The first athlete pays the standard registration fee. Each additional athlete/family member will be charged \$20. Parents, family members or staff who are there to assist only do not need to register.

Note: The Family Rate does not apply to the Bowling or Golf Leagues. All individuals who participate will need to pay the price indicated on the registration form.

WINTER BOWLING

PROGRAM INFORMATION

Come out and join our team!

This league is for athletes who want to learn to play for the first time or athletes who are looking to improve their game. Each athlete will bowl two games per week. The complete season is fifteen weeks. The last session will be our championship tournament with every athlete earning an award.



When: Saturdays, November 18, 2017 - February 24, 2018

Where: Spins Bowl Akron Lanes (formerly Bill White's Akron Lanes)
2911 E. Waterloo Rd., Akron, OH 44312

Time: Check-in begins at 12:30 p.m. Lanes open at 1 p.m.

Reminder: If you would like to bowl on your regularly assigned lane, please remember to arrive no later than 1 p.m. If you arrive after 1:30 p.m., you will only be allowed to bowl one game. If you arrive after 2 p.m., you will not be able to bowl that session.

PAYMENT INFORMATION

Options:

1. Athlete Complete Season: \$96 per athlete
2. Parent/Volunteer Complete Season: \$60 per athlete
3. Pay-As-You-Go Athletes: \$8 per athlete each session
4. Pay-As-You-Go Parent/Volunteer: \$5 per athlete each session

Sign up for the
season and get
three weeks
FREE!

**Family Rate Fee: All individuals who bowl must pay a fee, including parents.*

**Please remember a completed waiver form must be on file for each athlete to participate in any program.*

Waiver/Family Support Services: Please see page 3 for more details.

For a smooth registration process, please initiate contact with your SSA and UDS staff by **November 14**.

Financial Aid: Please see page 3 for more information if you are in need of full or partial financial assistance to cover the cost of the activity.

BASKETBALL

PROGRAM INFORMATION

All athletes will learn the basics of this great game including free throws, jump shots, ball handling and game situations. All athletes will be major contributors to their respective teams. The season will conclude with an Interleague Invitational and an awards ceremony at St. Vincent - St. Mary High School on March 11, 2018. The season is 9 weeks.

Depending on the registration numbers and athlete abilities, there may be an additional session scheduled for one or both nights. Please indicate on your registration form if you would like to play on Sundays or Mondays. Please note there is no guarantee we will be able to accommodate everyone's first choice, however we will try to accommodate your request if possible.

League Options:

Regular Season (pick your night)

- ◆ **Sunday Nights:** January 7 - March 4 from 6 - 7:30 p.m. **No Session Jan. 14*
- ◆ **Monday Nights:** January 8 - March 5 from 6 - 7:30 p.m. **No Session Jan. 15*

Interleague Invitational

- ◆ All players will compete on Sunday, March 11 from 1 - 4 p.m.

Where: Regular Season

The Steel Academy
1570 Creighton Ave.
Akron, OH 44310

Invitational - March 11

St. Vincent - St. Mary High School
15 N. Maple St.
Akron, OH 44303



PAYMENT INFORMATION

- First Registered Athlete: \$65
- Each Additional Athlete: \$20

**Please remember a completed waiver form must be on file for each athlete to participate in any program.*

Waiver/Family Support Services: Please see page 3 for more details.

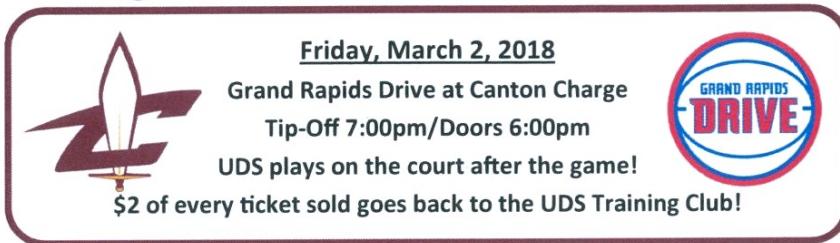
For a smooth registration process, please initiate contact with your SSA and UDS staff by January 4.

Financial Aid: Please see page 3 for more information if you are in need of full or partial financial assistance to cover the cost of the activity.

SPECIAL EVENT



FLASH SEATS
Flash Seats is the primary method of delivery
for seating to Canton Charge events.
www.FlashSeats.com



PLEASE RETURN YOUR ORDER TO: Danielle Marino by Friday, February 2, 2018

QUESTIONS ABOUT THE GROUP NIGHT: Call Danielle at 330.762.9755

QUESTIONS ABOUT THE CHARGE: Call Nathan Davis at 330.489.5930

ALL ORDERS ARE DUE BY FRIDAY, FEBRUARY 2, 2018

Please Note: Tickets must be purchased through this offer and will not be available at the door. Orders are filled with the best seats available at the time of your order. Please submit orders at the same time for all who wish to sit together.

UDS NIGHT	# of \$12.50 tickets (Discounted from \$15.50 Upper Side Sections, Rows F-R)	TOTAL
Drive @ Charge		\$
	TOTAL ENCLOSED	\$

NAME _____ PHONE () _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL (REQUIRED- Seats cannot be issued without valid email address) _____

PAYMENT OPTIONS CASH CHECK/MONEY ORDER: # _____ PAYABLE TO **UNITED DISABILITY SERVICES**

Return orders to Danielle Marino at United Disability Services, 701 S. Main St., Akron, OH 44311

All tickets will be distributed through UDS. All sales are final. No exchanges or refunds. Video cameras are prohibited at the Canton Charge Games. Children two years old and older require tickets for admission to the arena.

**\$2 of every UDS
ticket sold goes
back to UDS All-
Star Training Club!**



UDS All-Star Training Club

Annual Participation Waiver Form

Thank you for signing up to participate in UDS All-Star Training Club programs. In an effort to streamline the registration process, we have developed an annual waiver form. If you have not submitted this form in the past year, please complete *both* sides of this form to the best of your ability. Your form will be kept on file and will be **good for one year** following the date of your signature.

If at any time you need to update your information, please contact Danielle Marino, UDS recreational coordinator, by phone at 330-762-9755, ext. 233, or by email at dmarino@udsakron.org.

Please note that your signature indicates that you have read and agreed with all of the policies and terms. To participate in UDS All-Star Training Club programs this form must be signed and returned.

Please return this two-sided form to **United Disability Services at 701 S. Main St., Akron, OH 44311**.



Participant's Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email:	Age:	Date of Birth:	
Mailing Address:		City:	Zip:
Primary Phone Number:		Other Phone Number:	
Participant's Disability (if applicable):			
Seizures: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	Frequency:	
Do you attend a UDS day program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which program?	
Living Situation? <input type="checkbox"/> Family <input type="checkbox"/> Independent <input type="checkbox"/> Group Home: _____ <input type="checkbox"/> Other: _____			

Emergency Authorization: In the event of an accident, injury, or illness, I do hereby give my consent to United Disability Services, Inc. for arrangements of transportation by ambulance to the nearest hospital for treatment, or to contact an emergency medical team for treatment at the site of the accident or injury. I agree I will assume responsibility for payment for transportation as necessary. I understand all reasonable attempts will be made to contact one of the two emergency contacts listed below:

1. _____ (emergency name)	_____ (relationship)	_____ (phone number)	<input type="checkbox"/> Home <input type="checkbox"/> Cell
2. _____ (emergency name)	_____ (relationship)	_____ (phone number)	<input type="checkbox"/> Home <input type="checkbox"/> Cell

Preferred Hospital:		
Preferred Physician:	Phone #:	
Preferred Dentist:	Phone #:	
Allergies:	Medications:	
Special Needs or Other Concerns:		

For office use only:		
Received:	By:	Date of Expiration:
Complete Packet: <input type="checkbox"/> Yes <input type="checkbox"/> No		Photo: Updated (if applicable):
<input type="checkbox"/> Bowling <input type="checkbox"/> Basketball <input type="checkbox"/> Track & Field <input type="checkbox"/> Soccer <input type="checkbox"/> Gymnastics <input type="checkbox"/> Bocce <input type="checkbox"/> Golf <input type="checkbox"/> Summer Bowling <input type="checkbox"/> Coach Pitch/Kickball <input type="checkbox"/> Team Bowling <input type="checkbox"/> Flag Football		

Please complete both sides of this form. Thank you.

UDS All-Star Training Club

Waiver of Liability and Publicity Release Form

Please read this form carefully and be aware you are registering yourself or your minor child/ward for participation in United Disability Services' All-Star Training Club programs. You will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said program for one year following the date of your signature.

I recognize and acknowledge that there are certain risks of physical injury to participants in a program, and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against United Disability Services and its officers, agents, servants, employees and volunteers. I do hereby fully release and discharge United Disability Services and its officers, agents, servants, employees and volunteers from any and all claims from injuries, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend United Disability Services and its officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program. In the event of an emergency, I authorize United Disability Services to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the Program Details, Policies, Waiver and Release of All Claims and Permission to Secure Treatment.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND UNITED DISABILITY SERVICES AND I SIGN IT OF MY OWN FREE WILL.

Participant Name	Signature	Date
Parent/Guardian Name <i>(if under 18 or under guardianship)</i>	Signature	Date

Publicity Release Form

Highlighting achievement is an important way of sharing the successes of our participants. United Disability Services (UDS) often has the opportunity to photograph and/or videotape people in a variety of recreation activities. The Aspire! newsletter, program videos, annual report, agency brochures, public displays at local events, the agency's website and social media are a few examples of how images may be used. Please sign the publicity release below if you or your dependent would like to be included in our efforts to share with the community how people with disabilities are enjoying a high quality of life. Please forward all questions to Lisa Armstrong, director of communications, at 330-762-9755.

Photograph, video and media released for _____ who is subject of the release.

I hereby give United Disability Services permission to use the above named person's photograph, video or recording for publicity purposes. In addition, I grant permission for UDS to use this information without compensation in any electronic and/or print medium for local or state distribution and/or promotion. I understand that UDS will not receive any compensation/payment from a third party for the use of my image/picture or recording. I understand that this authorization is voluntary and I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain services or affect my eligibility for benefits. I understand that I may revoke this authorization at any time by notifying UDS in writing to the attention of United Disability Services, c/o Community Relations, 701 South Main St., Akron, Ohio 44311. However, any photos or video footage taken prior to revocation may remain as public information such as a published newsletter or annual report. I understand that this consent form **expires at the end of one (1) year from the date signed.**

Participant Name	Signature	Date
Parent/Guardian Name <i>(if under 18 or under guardianship)</i>	Signature	Date

WINTER REGISTRATION & PAYMENT FORM

Thank you for signing up to participate in our program. Please complete the winter league registration form to the best of your ability.

Please remember you must have an annual participant waiver form on file to participate in any UDS All-Star Training Club programs. This is a separate form. If you have not received this form, it may be downloaded online or you may contact Danielle Marino, recreational coordinator, by phone at 330-762-9755, ext. 233, or by email at dmarino@udsakron.org. The participant waiver liability form is valid for one year following the date of your signature.

Athlete's Name: _____ DOB: _____ New Athlete Returning Athlete

Email: _____ Primary Phone Number: _____ Male Female

Address: _____ City: _____ Zip Code: _____

Questions/concerns? Contact: Participant Other - Name/Relation: _____ Phone #: _____

Additional Athletes/Family Member/Participants

Athlete's Name (2): _____ Age: _____ Athlete's Name (3): _____ Age: _____

Program	X Description/Payment Options	Fee	# of Participants	Total \$														
BOWLING November 18 - February 24 I need the following: <input type="checkbox"/> Bumpers <input type="checkbox"/> Ramp	Private Payment Options																	
	<table border="1"> <tr> <td>Athlete Complete Bowling Season - Three Weeks Free!</td> <td>\$96</td> <td></td> <td></td> </tr> <tr> <td>Parent/Volunteer Complete Bowling Season - Three Weeks Free!</td> <td>\$60</td> <td></td> <td></td> </tr> </table>	Athlete Complete Bowling Season - Three Weeks Free!	\$96			Parent/Volunteer Complete Bowling Season - Three Weeks Free!	\$60											
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	Pay-As-You-Go Payment Options																	
	<table border="1"> <tr> <td>Bowling Athlete (Per person paid by cash or check at each session)</td> <td>\$8</td> <td></td> <td></td> </tr> <tr> <td>Bowling Parent/Volunteer (Per person paid by cash/check at each session)</td> <td>\$5</td> <td></td> <td></td> </tr> </table>	Bowling Athlete (Per person paid by cash or check at each session)	\$8			Bowling Parent/Volunteer (Per person paid by cash/check at each session)	\$5											
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Bowling Parent/Volunteer (Per person paid by cash/check at each session)	\$5																	
	Other Payment Options																	
	<p>WAIVER - If possible, I would like to use my waiver to pay for my participation. I have contacted my SSA about using my waiver funds for my participation and I give my permission for my SSA to discuss the details with UDS.</p> <p>My Waiver is a(n):</p> <p><input type="checkbox"/> IO Waiver <input type="checkbox"/> Level 1 Waiver <input type="checkbox"/> SELF waiver <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure</p> <p>Medicaid Number: _____ SSA Name: _____ <input type="checkbox"/> Summit County <input type="checkbox"/> Other</p> <p>FINANCIAL AID: I am in need of financial assistance. I will contact UDS to learn more about my options.</p>																	
Basketball Sunday Night January 7 - March 4 <i>No session January 14</i> Monday Night January 8 - March 5 <i>No session January 15</i> Championship Sunday, March 11 for both leagues!	Private Payment Options																	
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Total Payment Enclosed (if applicable): \$ _____

Payment Options:

Check # _____ (Made out to United Disability Services) Cash Money Order

Credit Card: Visa MasterCard Discover

Name on Credit Card: _____ Billing Zip Code: _____ Total Payment: _____

Credit Card Number _____ 3 digit CV# _____ Exp. _____

Signature _____ Date: _____ Office Use Only: Receipt #

Please return all forms to:
United Disability Services
701 S. Main St., Akron, OH 44311.



United Disability Services
701 S. Main St.
Akron, OH 44311

RETURN SERVICE REQUESTED

NONPROFIT ORG
U.S. POSTAGE
PAID
AKRON, OH
PERMIT NO. 678

UDS All-Star Training Club WINTER SPORTS

BOWLING

November 18 - February 24



BASKETBALL

January 7 - March 11

Visit us on the web at:

www.allstartrainingclub.org ★ www.udjakron.org

Like us on Facebook! Follow us on Twitter @UDSAkron

UDS NIGHT WITH THE CANTON CHARGE!

Join us on March 2 for UDS Night with the Charge! \$2 from every ticket sold goes back to UDS All-Star Training Club! UDS ticket holders even get to play on the court after the game! See page 8 for details on tickets.

