



UDS ALL-STAR TRAINING CLUB

# SPRING SPORTS

GUIDE & REGISTRATION

**SOCCE**R

◆

**TRACK & FIELD**

◆

**GYMNASTICS**

◆

**BOCCE**

**Leagues begin March 26**

***SIGN UP TODAY!***



**ALL-STAR**  
TRAINING CLUB  
A PROGRAM OF UDS

Visit us on the web at:

[www.allstartrainingclub.org](http://www.allstartrainingclub.org) ♦ [www.udskron.org](http://www.udskron.org)

Like us on Facebook @UnitedDisabilityServices ♦ Follow us on Twitter @UDSAkron

# CONTACT INFORMATION

## Program Information

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

## Registration Information

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

## Volunteer Information

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

# PROGRAM LOCATIONS

## Registration/Payments

UDS Main Office  
701 S. Main St.  
Akron, OH 44311

## Gymnastics League

IGTC  
(International Gymnastics Training Center)  
2653 S. Arlington Rd.  
Akron, OH 44319

## Soccer League

The Steel Academy  
(Fields right of entrance driveway)  
1570 Creighton Ave.  
Akron, OH 44310

## Golf League

Edwin Shaw Challenge Golf  
1596 Flickinger Rd.  
Akron, OH 44312

## Bowling Leagues

Spins Bowl Akron Lanes  
2911 E. Waterloo Rd.  
Akron, OH 44312

## Bocce League

The Steel Academy  
(Court right of driveway and behind shelter)  
1570 Creighton Ave.  
Akron, OH 44310

## Flag Football League

The Steel Academy  
(Fields right of entrance driveway)  
1570 Creighton Ave.  
Akron, OH 44310

## Youth Track & Field League

## & Cross Country League

\*\*Locations vary each year.  
Please see registration form  
for specific dates, times and  
locations.

## Track & Field League

Lane Field/Miller South Track  
1055 East Ave.  
Akron, OH 44307

## Basketball League

The Steel Academy  
(School gym left of entrance driveway)  
1570 Creighton Ave.  
Akron, OH 44310

## Coach Pitch/Kickball League

The Steel Academy  
(Two fields right of entrance driveway)  
1570 Creighton Ave.  
Akron, OH 44310

All locations are  
subject to change.  
Up-to-date  
locations will be  
indicated on the  
registration form  
and on the web.



Make lunch a selfless act by joining us for a fundraiser to support All-Star Training Club.

Visit the Chipotle at **272 East Exchange Street** in Akron for lunch on **Tuesday, March 27** between **11 a.m. and 3 p.m.** Find the flyer for this fundraiser on our websites at [www.allstartrainingclub.org](http://www.allstartrainingclub.org) or [www.udsakron.org](http://www.udsakron.org). Show the flyer on your smartphone or tell the cashier you're supporting **United Disability Services** to make sure that 50% of the proceeds will be donated to the program.

# WHAT'S INSIDE

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## FREQUENTLY ASKED QUESTIONS

### ★ How do I register for a spring sports league?

1. Fill out the Spring Sports Registration & Payment Form on page 11.
2. If needed, fill out the Annual Participation Waiver Form on page 9/10. This form is valid for one year from date of signature.
3. Return forms and payment (if applicable) to:

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

\*These forms may also be faxed to Danielle Marino, recreational coordinator, at 330-762-0912 or emailed at [dmarino@udsakron.org](mailto:dmarino@udsakron.org).

### ★ How can I find out if a session is cancelled because of inclement weather?

There are three ways to find out if a session is cancelled.

1. Check our websites: [www.allstartrainingclub.org](http://www.allstartrainingclub.org) or [www.udsakron.org](http://www.udsakron.org)
2. Contact Danielle Marino at 330-762-9755, ext. 233 (M-F; 8 a.m. - 4:30 p.m.)
3. Contact Dan Lianese at 330-352-5602

### ★ Where can I find the most up-to-date information?

It is our goal to have the most accurate information published in our seasonal activity guides. However, locations, dates and times are subject to change. Please refer to our websites for the most accurate information.



# REGISTRATION & PAYMENT INFORMATION

★ **Payment Options:** Pre-registration is recommended for the best possible experience. Please mail, fax or email all forms prior to the first day to pre-register. However, same day registration will be accepted. There are 4 payment options:

- **Check/Money Order** - Made out to ***United Disability Services***.  
(There will be a \$35 fee for any returned checks.)
- **Credit Card** (*Visa, Mastercard, Discover*)
- **Cash** (*same day registration only*)
- **Waiver** (*Check out the “Can I use my waiver” question below.*)

## ★ Can I use my waiver to pay for my participation in ATC sports?

- 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. Accepted waiver options include but are not limited to: Level 1 Waiver, IO Waiver or Self Waiver.
- How can I find out if I can use my waiver? Contact your service and support administrator (SSA) to see if you can use your waiver for ATC activities prior to the first day. Select on your registration form that you would like to use your waiver. List your waiver type, SSA name and Medicaid number on form.
- 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.

## ★ 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.

# 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 and UDS websites.

★ **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 \$25. Parents, family members or staff who are there to assist only do not need to register or pay the fee.

★ **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, hitting, self-abusing, refusal to stay with the group, etc.), a parent or guardian will be called to pick up the participant immediately. Please note that UDS staff and volunteers cannot guarantee constant visual supervision.

# TRACK & FIELD LEAGUE



## This league is for athletes of all abilities!

All athletes will focus on the fundamentals of track and field events. Athletes will compete in various events each week including, but not limited to, the 50, 100, & 200 meter dashes, running long jump, and softball throw. The season is six weeks with sessions on Mondays and Wednesdays. The season will conclude with an invitational on Wednesday, May 2, 2018.

**When:** Mondays & Wednesdays  
March 26 - May 2

**Time:** 6 - 7:30 p.m.

**Where:** Lane Field/Miller South Track  
1055 East Ave.  
Akron, OH 44307



### Payment Options:

- **First Registered Athlete:** \$40
- **Each Additional Athlete:** \$25

*\*Please remember a completed annual waiver must be on file for each athlete to participate in any programs.*

- **Parent/Volunteer Rate:** Free
- **Waiver/Family Support Services:**  
Please see page 4 for more details.  
Initial contact with your SSA must be made by March 26.
- **Financial Aid:** Please see page 4 for more details.

## YOUTH TRACK & FIELD LEAGUE

- This league is open to athletes with a disability, who compete in their own division, and there is NO age restriction. This league is **included** with an athlete's registration in the traditional Track & Field League listed above. Athletes with a disability may also register for this league independent of the traditional league. The cost is \$40 for the complete season or \$10 per meet and \$20 for the championship meet.
- This league is also open to youth 14 and under including AAU/USA track and field participants without a disability. Youth athletes will be divided into three divisions based on age. The Youth Track and Field registration form can be found on our website, or you may contact Danielle Marino, recreational coordinator, by phone at 330-762-9755, or by email at [dmarino@udsakron.org](mailto:dmarino@udsakron.org) for more information or to register.

### SCHEDULE OF MEETS

Sunday, April 8 @ 2 p.m.: Ellet High School

Sunday, April 15 @ 2 p.m.: Ellet & CVCA High Schools

Sunday, April 22 @ 2 p.m.: Ellet, Nordonia & Walsh High Schools

Sunday, April 29 @ 2 p.m.: Ellet, Nordonia & CVCA High Schools

Saturday, May 5 @ 10 a.m.: Championship @ Ellet High School

### Location Information

*Athletes and clubs will be assigned to the location that is nearest to them and will be notified prior to the start of the meet.*

# SOCER LEAGUE



All athletes will learn the basics of this popular game and will be major contributors to their respective teams. The season is seven weeks and will conclude with an invitational on June 3, 2018. There will be no sessions on May 13 and May 27.

**Required:** All participants **MUST** wear shin guards to prevent injuries. A limited number of shin guards may be available to borrow on a first come, first served basis each session. Please call Danielle Marino at 330-762-9755, ext. 233, with any questions about this policy.

**When:** Sundays, April 8 - June 3  
*\*No sessions May 13 & 27*

**Time:** 6 - 7:30 p.m.

**Where:** The Steel Academy  
1570 Creighton Ave.  
Akron, OH 44310



## Payment Options:

- **First Registered Athlete:** \$50
- **Each Additional Athlete:** \$25

*\*Please remember a completed annual waiver must be on file for each athlete to participate in any programs.*

- **Parent/Volunteer Rate:** Free
- **Waiver/Family Support Services:**  
Please see page 4 for more details. Initial contact with your SSA must be made by April 6.
- **Financial Aid:** Please see page 4 for more details.

# BOCCE LEAGUE



**Don't miss your chance to learn this great game!** No experience necessary. All equipment and training will be provided. The season is four weeks and will conclude with an invitational on Sunday, May 20, 2018.

**When:** Tuesdays & Thursdays  
April 24 - May 17

**Time:** 6:15 - 7:45 p.m.

**Where:** The Steel Academy  
1570 Creighton Ave.  
Akron, OH 44310

**Invitational:** Sun., May 20 at 1 p.m.



## Payment Options:

- **First Registered Athlete:** \$35
- **Each Additional Athlete:** \$25

*\*Please remember a completed annual waiver must be on file for each athlete to participate in any programs.*

- **Parent/Volunteer Rate:** Free
- **Waiver/Family Support Services:**  
Please see page 4 for more details. Initial contact with your SSA must be made by April 24.
- **Financial Aid:** Please see page 4 for more details.

# GYMNASICS LEAGUE



**NEW TIME! NEW LOCATION!** Our gymnastics league is back for its third season. This season will begin April 14 and will run for six weeks. Athletes will train with a certified gymnastics instructor on the beam, vault, and floor for the first two weeks of the season. Weeks 3 - 5 will consist of a team competition. Week 6 will be our Gymnastics Invitational. Don't miss out! Sign up today!

**When:** Saturdays, April 14 - May 19

**Time:** 6 - 7 p.m.

**Where:** International Gymnastics Training Center (IGTC)  
2653 S. Arlington Road  
Akron, OH 44319



## Payment Options:

- **First Registered Athlete:** \$75
- **Each Additional Athlete:** \$25

*\* Please remember a completed annual waiver must be on file for each athlete to participate in any programs.*

- **Waiver/Family Support Services:** Please see page 4 for more details. Initial contact with your SSA must be made by April 13.
- **Financial Aid:** Please see page 4 for more details.

## SPECIAL OLYMPICS UPDATE

The Special Olympics Summer Games will be held from June 22 - 24, 2018 in Columbus, Ohio. As of the release of this activity guide, we have not completed the roster for our team. However, we wanted to let potential athletes, partners, coaches, and volunteers know that there will be a few changes this year to our lodging and activity choices.

We have elected to stay at the Ohio State University campus with other Special Olympics teams this year. A limited number of athletes, coaches, partners, and volunteers will be invited to stay on campus with us based on the quota given to us by the state. The remaining participants, along with those who independently elect other lodging options, will be required to find their own lodging at their own cost. All individuals will be invited to participate in the Special Olympics special events throughout the weekend.

Stay tuned for more information as our team is selected and we get closer to the event date.

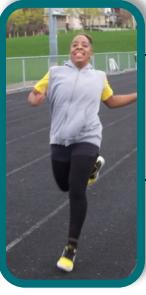
## SAVE THE DATE!

The 3rd annual  
**3-on-3 UDS All-Star Jam**  
**Basketball Tournament**  
will be held this year on  
**July 28, 2018.**



Check our website later this spring for up-to-date information including how to register or volunteer.

# SPRING SPORTS CALENDAR & ACTIVITY GUIDE

SUN	MON	TUES	WED	THURS	FRI	SAT
<b>MARCH 2018</b>						
4 Basketball 6 - 7:30 pm	5 Basketball 6 - 7:30 pm	6	7	8	9 	10 SO Bowling Local @ 12:30 pm
11 Basketball 1 - 4 pm	12	13	14	15	16	17 
18	19	20 	21	22	23	24
25	26 Track & Field 6 - 7:30 pm	27 Chipotle Lunch Fundraiser	28 Track & Field 6 - 7:30 pm	29	30	31
<b>APRIL 2018</b>						
1 	2 Track & Field 6 - 7:30 pm	3	4 Track & Field 6 - 7:30 pm	5 	6	7
8 Youth Track Ellet HS @ 2 pm Soccer 6 - 7:30 pm	9 Track & Field 6 - 7:30 pm	10	11 Track & Field 6 - 7:30 pm	12	13	14 Gymnastics 6 - 7 pm
15 Youth Track 2 sites @ 2 pm Soccer 6 - 7:30 pm	16 Track & Field 6 - 7:30 pm	17	18 Track & Field 6 - 7:30 pm	19	20	21 Gymnastics 6 - 7 pm
22 Youth Track 3 sites @ 2 pm Soccer 6 - 7:30 pm	23 Track & Field 6 - 7:30 pm	24 Bocce 6:15- 7:45 pm	25 Track & Field 6 - 7:30 pm	26 Bocce 6:15- 7:45 pm	27	28 Gymnastics 6 - 7 pm
29 Youth Track 3 sites @ 2 pm Soccer 6 - 7:30 pm	30 Track & Field 6 - 7:30 pm					
<b>MAY 2018</b>						
	1 Bocce 6:15- 7:45 pm	2 Track & Field 6 - 7:30 pm	3 Bocce 6:15- 7:45 pm	4 	5 SO Spring Games - TBD Youth Track Ellet HS @ 10 am Gymnastics 6 - 7 pm	
6 Soccer 6 - 7:30 pm	7	8 Bocce 6:15- 7:45 pm	9	10 Bocce 6:15- 7:45 pm	11	12 Gymnastics 6 - 7 pm
13	14	15 Bocce 6:15- 7:45 pm	16	17 Bocce 6:15- 7:45 pm	18	19 Gymnastics 6 - 7 pm
20 Bocce Finals 1 - 3 pm Soccer 6 - 7:30 pm	21	22	23	24	25	26
<b>JUNE 2018</b>						
					1	2
3 Soccer 6 - 7:30 pm	4 Golf 5:30/6/6:30 pm	5	6	7 Golf 5:30/6/6:30 pm	8	9

***Don't forget to sign up for Summer Sports Leagues!***



# 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](mailto: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:
Photo Release: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSA/Waiver	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		

# **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

*(if under 18 or under guardianship)*

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

*(if under 18 or under guardianship)*

Signature

Date

# SPRING REGISTRATION & PAYMENT FORM

Thank you for signing up to participate in our program. Please complete the spring 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](mailto: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 \$
<b>Track &amp; Field</b> Mar 26 - May 2 Optional (free): I would also like to participate in the weekend youth track league: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Payment Options</b>					
		Track & Field League - First Athlete	<b>\$40</b>		
		Track & Field League - Each Additional Athlete	<b>\$25</b>		
Waiver or Financial Aid : Please see options below in the "Payment Options" section.					
<b>Youth Track &amp; Field</b> (Weekends Only) Apr 8 - May 5 					
<b>Payment Options</b>					
		Youth Track & Field: Complete Season - 4 Meets & Championship	<b>\$40</b>		
		Single Meet (select desired meets) <input type="checkbox"/> April 8 <input type="checkbox"/> April 15 <input type="checkbox"/> April 22 <input type="checkbox"/> April 29	<b>\$10each</b>	<b>X # of meets</b> _____	
		Youth Track & Field Championship Only - May 5	<b>\$20</b>		
Waiver or Financial Aid : Please see options below in the "Payment Options" section.					
<b>Soccer</b> Apr 8 - Jun 3 No session 5/13 & 5/27 					
<b>Payment Options</b>					
		Soccer League - First Athlete	<b>\$50</b>		
		Soccer League - Each Additional Athlete	<b>\$25</b>		
Waiver or Financial Aid : Please see options below in the "Payment Options" section.					
<b>Gymnastics</b> Apr 14 - May 19 					
<b>Payment Options</b>					
		Gymnastics League - First Athlete	<b>\$75</b>		
		Gymnastics League - Each Additional Athlete	<b>\$25</b>		
Waiver or Financial Aid : Please see options below in the "Payment Options" section.					
<b>Bocce</b> Apr 24 - May 20 					
<b>Payment Options</b>					
		Bocce League - First Athlete	<b>\$35</b>		
		Bocce League - Each Additional Athlete	<b>\$25</b>		
Waiver or Financial Aid : Please see options below in the "Payment Options" section.					

**PAYMENT OPTIONS**  
(Please select the best option.)

**PRIVATE PAYMENT:** Total Payment Enclosed (if applicable): \$ \_\_\_\_\_

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

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: \_\_\_\_\_

**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.

My Waiver is a(n):  IO Waiver  Level 1 Waiver  SELF waiver  Other \_\_\_\_\_  Not Sure

Medicaid Number: \_\_\_\_\_ SSA Name: \_\_\_\_\_  Summit County  Other

**FINANCIAL AID:** To inquire about financial assistance options, please call Danielle Marino, at 330-762-9755, ext. 233.



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

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

**UDS ALL-STAR TRAINING CLUB**  
**SPRING**  
**SPORTS**  
**GUIDE & REGISTRATION**

**SOCCER ◆ TRACK & FIELD ◆ GYMNASTICS ◆ BOCCE**

**Spring Leagues begin March 26**  
**No experience necessary!**  
**Only the will to try!**  
**Sign Up TODAY!**



**Make lunch a selfless act by joining us for a fundraiser  
to support UDS All-Star Training Club.**

Visit the Chipotle at **272 East Exchange Street** in Akron for lunch on **Tuesday, March 27** between **11 a.m. and 3 p.m.** Find the flyer for this fundraiser on our websites at [www.udskron.org](http://www.udskron.org) or [www.allstartrainingclub.org](http://www.allstartrainingclub.org). Show the flyer on your smartphone or tell the cashier you're supporting **United Disability Services** to make sure that 50% of the proceeds will be donated to the program.