UDS All-Star Training Club

WINTER SPORTS

BOWLING LEAGUE BEGINS NOVEMBER 16
BASKETBALL LEAGUE BEGINS JANUARY 5
CORNHOLE BEGINS JANUARY 29

SIGN UP TODAY!

UDS All-Star Training Club provides an inclusive environment for all people and abilities to participate along with family members and friends in sports activities that promote self-esteem, sportsmanship, healthy living, and the development of long-lasting friendships.
STAFF INFORMATION

Program Information
Dan Lancianese-Sports Supervisor 
dlancian22@gmail.com  
330-352-5602

Registration Information/Payment
Leah Ochsenhirt- Recreational Coordinator  
lochsenhirt@udsakron.org 
330-762-9755, ext. 233

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

INCLEMENT WEATHER

If there is inclement weather, sessions will be cancelled. Please check the UDS Facebook, call Leah Ochsenhirt at 330-762-9755, ext. 233, or call Dan Lancianese at 330-352-5602.

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 Leah Ochsenhirt, recreational coordinator.

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.

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. Same day registration will be accepted.

- Check/Money Order: Make out to United Disability Services. There will be a $25 fee for any returned checks.
- Credit Card (Visa, MasterCard, Discover)
- Cash
- Waiver

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 $25. 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.

www.allstartrainingclub.org
**Winter Bowling**

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 16, 2019- February 22, 2020  
**Where:** Spins Bowl 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.  
*NO outside food or beverages are permitted in Spins Bowl*

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**Basketball**

New location and new time!  
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 awards ceremony at St. Vincent - St. Mary High School on March 8, 2020.**

**When:** Sundays, January 5 – March 8, 2020  
**Where:** Our Lady of the Elms High School  
1375 W. Exchange St. Akron OH 44313  
**Time:** 5-7 p.m.  
**Interleague Invitational**  
All players will compete on Sunday, March 8 from 1 - 4 p.m.  
St. Vincent-St. Mary High School  
15 N. Maple Akron OH, 44303

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**Cornhole**

**NEW SPORT**

Come out and learn our new sport, cornhole! This league is for athletes who love this backyard sport or anyone who would like to learn how to play. The complete season is eight weeks. The last session will be our championship tournament with every athlete earning an award.

**When:** Wednesdays, January 29 – March 18, 2020  
**Where:** United Disability Services  
701 S. Main Street Akron, OH 44311  
**Time:** 6:15-7:15 p.m.

www.allstartrainingclub.org
UDS ALL-STAR TRAINING CLUB

EVENT CALENDAR

**WINTER BOWLING**
November 16, 2019 - February 22, 2020

- Saturdays, 1 - 3 p.m.
- Spins Bowl Lanes
  2911 E. Waterloo Rd., Akron, OH 44312

**BASKETBALL**
January 5 - March 8, 2020

- *Championship on Sunday, March 8 @ 1 p.m. at St. Vincent - St. Mary High School*
- Sundays, 5-7 p.m.
  - Our Lady of the Elms
  - 1375 W. Exchange St.
  - Akron, OH 44313

**CORNHOLE**
January 29–March 18, 2020

- Wednesdays, 6:15-7:15
- United Disability Services
  701 S. Main St.
  Akron, OH 44311

**TRACK & FIELD**
March 30 - April 30, 2020

- Mondays & Wednesdays, 6 - 7:30 p.m.
- Lane Field/Miller South
  1055 East Ave., Akron, OH 44307

**SOCcer**
April 5 - May 31, 2020

- *No sessions on 4/12/20 or 5/10/20*
- Sundays, 6 - 7:30 p.m.
- Julie Billiart School
  380 Mineola Ave
  Akron, OH 44320

**YOUTH TRACK & FIELD**
April 5- May 9, 2020

- *No session 4/12/20*
- Sundays, 2 - 4:30 p.m.
- *Championship - Saturday, May 9 @ 10 a.m.*
- Multiple Locations
  See spring brochure for details.

**GYMNASTICS**
April 4 - May 17, 2020

- Saturdays, 6 - 7 p.m.
- International Gymnastics Training Center (IGTC)
  2653 South Arlington Rd., Akron, OH 44319

**BOCCE**
April 21 - May 17, 2020

- Tuesdays & Thursdays, 6:15 - 7:45 p.m.
- Archbishop Hoban H.S.
  One Holy Cross Blvd., Akron OH 44306

**GOLF**
June 1 - August 6, 2020

- Mondays and/or Thursdays
  Tee Times: 5:30, 6, or 6:30 p.m.
  Edwin Shaw Challenge Course
  1596 Flickinger Rd., Akron, OH 44312

**SUMMER/FALL BOWLING**
July 11- October 10, 2020

- Saturdays, 1 - 3 p.m.
- Spins Bowl Lanes
  2911 E. Waterloo Rd., Akron, OH 44312

**COACH PITCH/ KICKBALL**
July 7 - August 9, 2020

- Tuesdays & Sundays, 6 - 7:30 p.m.
- Julie Billiart School
  380 Mineola Ave
  Akron, OH 44320

www.allstartrainingclub.org
Like us on Facebook! Follow us on Twitter @UDSAkron
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 Leah Ochsenhirt UDS recreational coordinator, by phone at 330-762-9755, ext. 233, or by email at lochsenhirt@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.

<table>
<thead>
<tr>
<th>Participant’s Name:</th>
<th>Gender: □ Male □ Female</th>
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</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Age:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Primary Phone Number:</td>
<td>City:</td>
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<tr>
<td>Other Phone Number:</td>
<td>Zip:</td>
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<tr>
<td>Participant’s Disability (if applicable):</td>
<td></td>
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<tr>
<td>Seizures: □ Yes □ No</td>
<td>Type:</td>
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<tr>
<td>Frequency:</td>
<td>If yes, which program?</td>
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<tr>
<td>Do you attend a UDS day program? □ Yes □ No</td>
<td></td>
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<tr>
<td>Living Situation? □ Family □ Independent □ Group Home: __________ □ Other: __________</td>
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</tbody>
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**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) □ Home □ Cell
2. __________________________ (emergency name)        ________________ (relationship)        ________________ (phone number) □ Home □ Cell

Preferred Hospital: Phone #:
Preferred Physician: Phone #:
Preferred Dentist: Phone #:
Allergies: Medications:

Special Needs or Other Concerns:

For office use only:
Received: Waiver: Date of Expiration:
Complete Packet: □ Yes □ No SSA: Photo:

□ Bowling □ Basketball □ Track & Field □ Soccer □ Gymnastics □ Bocce □ Golf □ Summer Bowling □ Coach Pitch/Kickball □ Team Bowling □ Flag Football □ Cornhole □ Cross Country
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 ___________________________ Signature ___________________________ Date ___________________________
(if under 18 or under guardianship)

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 ___________________________ Signature ___________________________ Date ___________________________
(if under 18 or under guardianship)
# 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.

## Athlete’s Information

- **Athlete’s Name:** _________________________
- **DOB:** _________________________
- **Primary Phone Number:** _________________________
- **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 Options

### BOWLING

- **Saturday**
  - **November 16 - February 22**
  - **Description:**
    - **Private Payment Options**
      - Athlete Complete Bowling Season - Three Weeks Free! $96
      - Parent/Volunteer Complete Bowling Season - Three Weeks Free! $60
  - **Pay-As-You-Go Payment Options**
    - 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

### Basketball

- **Sunday Night**
  - **January 5 - March 1**
  - **Fee:** $68
  - **Private Payment Options**
    - Each Additional Family Member/Athlete $25

### Cornhole

- **Wednesday Night**
  - **January 29 – March 18**
  - **Fee:** $48
  - **Private Payment Options**
    - Each Additional Family Member/Athlete $25

### Payment Options

- **Credit Card:**
  - □ Visa
  - □ MasterCard
  - □ Discover

- **Name on Credit Card:** _________________________
- **Billing Zip Code:** _________________________
- **Total Payment:** _________________________
- **Credit Card Number:** _________________________
  - **3 digit CV#:** _________________________
  - **Exp.:** _________________________

- **Signature:** _________________________
  - **Date:** _________________________

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**Total Payment Enclosed (if applicable):** $_____________

**Payment Options:**

- □ Credit Card: □ Visa □ MasterCard □ Discover

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Please return all forms to:

**United Disability Services**

701 S. Main St., Akron, OH 44311.
SAVE THE DATE

UDS

All-Stars at the Alley

Saturday

July 25, 2020

Spins Bowl, Akron

Join us for a spectacular evening of bowling, games, food and fun as we support inclusive sports for people of all abilities.

Check out video highlights from our inaugural event at www.UDSAllStars.org

Proceeds benefit All-Star Training Club, a program of United Disability Services

www.udsakron.org