Leagues begin March 28

SIGN UP TODAY!

SOCCER
TRACK & FIELD
GYMNASTICS
BOCCE

Visit us on the web at:
www.allstartrainingclub.org

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

Program Information                     Registration Information                     Volunteer Information
Dan Lancianese                          Leah Ochsenhirt                            Jayme Romanchuk
Sports Supervisor                       Recreational Coordinator                   Marketing Specialist
330-352-5602                            330-762-9755, ext. 233                      330-762-9755, ext. 253
dlancian22@gmail.com                    lochsenhirt@udsakron.org                    jromanchuk@udsakron.org

REGISTRATION & PAYMENT INFORMATION

★ 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)

★ 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 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.
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 50, 100, & 200 meter dashes, running long jump, and softball throw.

When: Mondays & Wednesdays
       March 30– April 29th
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

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 Leah Ochsenhirt, recreational coordinator, by phone at 330-762-9755, or by email at lochsenhirt@udsakron.org for more information or to register.

SCHEDULE OF MEETS
Sunday, April 5 @ 2 p.m.: Tallmadge Middle School
Sunday, April 19 @ 2 p.m.: Tallmadge, Massillon, Our Lady of the Elms Athletic Complex
Sunday, April 26 @ 2 p.m.: Tallmadge, Nordonia, Massillon, Our Lady of the Elms
Sunday, May 3 @ 1 p.m.: Championship for 8 and Under: Massillon MS
Saturday, May 9 @ 10 a.m.: Championship for 10 and under, 11/12,13/14: Massillon MS
SOCCER 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 May 31.

**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 Leah Ochsenhirt at 330-762-9755, ext. 233, with any questions about this policy.

**When:** Sundays, April 5 – May 31
*No sessions April 12 or May 10*

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

**Where:** Julie Billiart Schools
380 Mineola Ave.
Akron, OH 44320

**Payment Options:**
- First Registered Athlete: $50
- Each Additional Athlete: $25

BOCCCE 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 17, 2020.

**When:** Tuesdays & Thursdays
April 21 - May 17

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

**Where:** Archbishop Hoban High School
One Holy Cross Blvd.
Akron, OH 44306

**Invitational:** Sunday May 17 at 1 p.m.

**Payment Options:**
- First Registered Athlete: $35
- Each Additional Athlete: $25

GYMNASTICS LEAGUE

Our gymnastics league is back! Athletes will train with a certified gymnastics instructor on the beam, vault, and floor. We will be training in both artistic and rhythmic gymnastics styles. Don’t miss out! **Sign up today!**

**When:** Saturdays, March 28, April 4, April 18, May 9, May 17

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

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

**Invitational:** Sunday May 17 at 4 p.m.

**Payment Options:**
- First Registered Athlete: $75
- Each Additional Athlete: $25
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 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>
</tr>
</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>
</tr>
<tr>
<td>Other Phone Number:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

Participant’s Disability (if applicable):
- Seizures: □ Yes □ No
- Type: ____________
- Frequency: □__________

Do you attend a UDS day program? □ Yes □ No
- If yes, which program?

Living Situation? □ Family □ Independent □ Group Home: ____________ □ 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) □ Home □ Cell
2. ____________________ (emergency name) (relationship) ____________________ (phone number) □ Home □ 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: □ Yes □ No SSA/Waiver: ____________________ Updated (if applicable): ____________________
□ Bowling □ Basketball □ Track & Field □ Soccer □ Gymnastics □ Bocce □ Golf □ Summer Bowling □ Coach Pitch/Kickball □ Team Bowling □ 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  
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)
**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 Leah Ochsenhirt recreational coordinator, by phone at 330-762-9755, ext. 233, or by email at lochsenhirt@udsakron.org. The participant waiver liability form is valid for one year following the date of your signature.

**Athlete’s Name:** ___________________________________  **DOB:** __________________

**Email:** ___________________________________________  **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:** _____

---

<table>
<thead>
<tr>
<th>Program</th>
<th>X Description/Payment Options</th>
<th>Fee</th>
<th># of Participants</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track &amp; Field</td>
<td>Payment Options</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 30 - April 29</td>
<td>Track &amp; Field League - First Athlete</td>
<td>$40</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Track &amp; Field League - Each Additional Athlete</td>
<td>$25</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Waiver or Financial Aid : Please see options below in the “Payment Options” section.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Optional (free): If you would also like to participate in the weekend youth track league:  □ Yes  □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Youth Track &amp; Field: Complete Season - 4 Meets &amp; Championship</td>
<td>$40</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single Meet (select desired meets):  ○ April 7  ○ April 14  ○ April 28  ○ May 5</td>
<td>$10 each</td>
<td>X # of meets ____</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Youth Track &amp; Field Championship Only - May 11</td>
<td>$20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soccer</td>
<td>Payment Options</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 5 - May 31</td>
<td>Soccer League - First Athlete</td>
<td>$50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Soccer League - Each Additional Athlete</td>
<td>$25</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Waiver or Financial Aid : Please see options below in the “Payment Options” section.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No session 4/12, 5/10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gymnastics</td>
<td>Payment Options</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 28 - May 17</td>
<td>Gymnastics League - First Athlete</td>
<td>$75</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gymnastics League - Each Additional Athlete</td>
<td>$25</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Waiver or Financial Aid : Please see options below in the “Payment Options” section.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dates Vary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bocce</td>
<td>Payment Options</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 21 - May 17</td>
<td>Bocce League - First Athlete</td>
<td>$35</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bocce League - Each Additional Athlete</td>
<td>$25</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Waiver or Financial Aid : Please see options below in the “Payment Options” section.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYMENT OPTIONS**

(Please select the best option.)

□ PRIVATE PAYMENT: Total Payment Enclosed (if applicable): $______________  
□ 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 Leah Ochsenhirt at 330-762-9755, ext. 233.

For office use only:  □ Form Processed:  □ Annual Waiver on File:  □ Photo Release:  □ Other:

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 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