



# Participant Registration and Payment Form

Participant Name: _____		DOB: _____	
Address: _____		City: _____	Zip: _____
Phone Number: _____		E-Mail: _____	

**We encourage participation in our sports from parents, siblings, friends. We are a unified sports program.**

### Seasons and Sports Offered

Select	Winter 2025/2026	Dates	Location	Cost
	Bowling	November 15-March 28 (Saturdays) ** Eligible for 4 payments of \$55 <b>NEW DAY &amp; TIME</b>	Station 300	\$220
	Basketball	January 4-March 8 (Sundays)	<b>NEW LOCATION</b> St. Paul's	\$75
	Cornhole	January 14 -March 4 (Wednesdays)	UDS	\$65
	Spring 2026	Dates	Location	Cost
	Track and Field	March 30-May 6 (Mondays and Wednesdays)	<b>NEW LOCATION</b> Our Lady of The Elms	\$65
	Bocce	April 7-May 14 (Tuesdays and Thursdays)	Christ the King	\$75
	Soccer	April 12-May 24 (Sundays) *no 5/10	Christ the King	\$70
	Summer 2026	Dates	Location	Cost
	Golf (Mondays)	June 1-August 3 (Mondays) ** Eligible for 2 payments of \$60	Cleveland Clinic Akron General Challenge Golf	\$120
	Golf (Thursdays)	June 4-August 6 (Thursdays) ** Eligible for 2 payments of \$60	Cleveland Clinic Akron General Challenge Golf	\$120
	Gymnastics	June 6-July 18 (Saturdays) *no 7/4	Perfect Balance Athletics	\$90
	Bowling	June 6-November 17 (Saturdays) *no 7/4 ** Eligible for 4 payments of \$52.50	Station 300	\$210
	Cornhole	June 23-August 11 (Tuesdays)	UDS	\$65
	Coach Pitch/Kickball	July 5-August 9 (Sundays)	Christ the King	\$65
	Fall 2026	Dates	Location	Cost
	Flag Football	August 16-October 18 (Sundays)	Christ the King	\$70
	Bocce	September 1-October 8 (Tuesdays & Thursdays)	Christ the King	\$75
	Volleyball	October 24-December 12 (Saturdays)	Julie Billiard School Akron	\$90

**TOTAL AMOUNT DUE**

### Payment Options \*Call office to discuss payment plans.

<p><b>To pay by <u>WAIVER</u>, ATC Sports must be approved in your ISP/budget for payment to occur. Community Respite has a 60-session limit. After that, you must private pay. We require the following info:</b></p> <p>SSA Name _____ Medicaid #: _____</p> <p>Waiver Type: _____ County: _____</p>	<p style="text-align: center;"><b>CHECK Information</b></p> <p>Check #: _____</p> <p>Date: _____</p> <p>Amount: _____</p> <p style="text-align: center;"><b>Please Make Checks Payable to UDS</b></p>	<p style="text-align: center;"><b>CASH</b></p> <p>Amount: \$ _____</p>	<p style="text-align: center;"><b>CREDIT CARD</b></p> <p style="text-align: center;">Please call <b>330-762-9755</b> ext. 242 to register and pay by credit card</p>
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Athletes must bring support staff with them if they require medical, personal care, or behavioral supports while participating in sporting events. All-Star Training Club staff members and volunteers are not permitted to administer medications.

Return Registration and Payment Information to Kelly Maze at [kmaze@udsakron.org](mailto:kmaze@udsakron.org)  
or mail to UDS at 701 S. Main St., Akron 44311.

<b>Sports Supervisor</b> Dan Lancianese 330-352-5602 <a href="mailto:dlancianese@udsakron.org">dlancianese@udsakron.org</a>	<b>Program Supervisor</b> Kelly Maze 330-762-9755 ext. 242 <a href="mailto:kmaze@udsakron.org">kmaze@udsakron.org</a>	<b>Volunteer Opportunities</b> Amy Tubergen 330-762-9755 ext. 243 <a href="mailto:atubergen@udsakron.org">atubergen@udsakron.org</a>
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