***JUST ADDED!!***

**Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Questions/concerns? Contact:  Participant  Other - Name/Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This league is for athletes who love this backyard sport or anyone who would like to learn how to play. The complete season is six weeks. The last session will be our**

**championship tournament with every athlete earning an award. There will not be same day registration. Make sure you call to register your spot!**

**When:** Tuesdays, July 13th-August 17th

**Time:** 5:30-6:30

**Where:** 701 S. Main St Akron, Ohio 44311(UDS)

**Cost:** $50



**Questions:**

**Program Information Registration Information**

Dan Lancianese Jeff Campano

330-352-5602 330-762-9755, ext. 233

dlancian22@gmail.com jcampano@udsakron.org

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| **PAYMENT OPTIONS**      ***(***  ***)***  ***Please select the best option.*** |  **PRIVATE PAYMENT: Total Payment Enclosed $\_\_\_\_\_\_\_\_\_\_\_\_\_**  Please return all forms to:   **Check # \_\_\_\_\_\_\_\_\_** *(Made out to* ***United Disability Services****)*  **Money Order**   United Disability Services   * **Credit Card:**   Visa  MasterCard  Discover 701 S. Main St., Akron, OH 44311   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:\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| *For office use only:* | | *Form Processed:* | *Annual Waiver on File:* | *Photo Release:* | *Other:* |