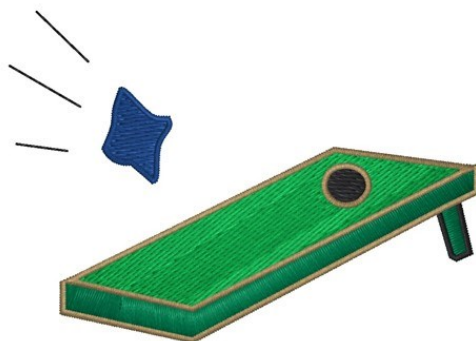




UDS All-Star Training Club

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

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

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.

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.

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.

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*

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



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.



UDS ALL-STAR TRAINING CLUB EVENT CALENDAR

2019-2020

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, 5-7p.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 Billiard 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 Billiard School
380 Mineola Ave
Akron, OH 44320

www.allstartrainingclub.org

Like us on Facebook! Follow us on Twitter @UDSAkron



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.

**All athletes
must have this
form on file.
Form is good
for one year.**

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:			
<i>For office use only:</i>			
Received:	Waiver:	Date of Expiration:	
Complete Packet: <input type="radio"/> Yes <input type="radio"/> No	SSA:	Photo:	
<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 <input type="checkbox"/> Cornhole <input type="checkbox"/> 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

(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

2019/2020

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.



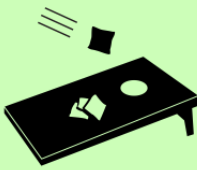
Athlete's Name: _____ DOB: _____ ☐ New Athlete ☐ Returning Athlete
 Email: _____ Primary Phone Number: _____ ☐ Male ☐ Female

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 \$	
BOWLING Saturday November 16- February 22 I need the following: <input type="checkbox"/> Bumpers <input type="checkbox"/> Ramp  <i>If possible I would like to request to bowl with these athlete(s):</i> 1. _____ 2. _____ 3. _____	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			
	Other Payment Options					
	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): <input type="checkbox"/> IO Waiver <input type="checkbox"/> Level 1 Waiver <input type="checkbox"/> SELF waiver <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure Medicaid Number: _____ SSA Name: _____ <input type="checkbox"/> Summit County <input type="checkbox"/> Other					
	FINANCIAL AID: I am in need of financial assistance. I will contact UDS to learn more about my options.					
Basketball Sunday Night January 5- March 1 Championship Sunday, March 8 	Private Payment Options					
		First Athlete	\$68			
		Each Additional Family Member/Athlete	\$25			
	Other Payment Options					
		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): <input type="checkbox"/> IO Waiver <input type="checkbox"/> Level 1 Waiver <input type="checkbox"/> SELF waiver <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure Medicaid Number: _____ SSA Name: _____ <input type="checkbox"/> Summit County <input type="checkbox"/> Other				
		FINANCIAL AID: I am in need of financial assistance. I will contact UDS to learn more about my options.				
Cornhole Wednesday Night January 29- March 18 	Private Payment Options					
		First Athlete	\$48			
		Each Additional Family Member/Athlete	\$25			
	Other Payment Options					
		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): <input type="checkbox"/> IO Waiver <input type="checkbox"/> Level 1 Waiver <input type="checkbox"/> SELF waiver <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Sure Medicaid Number: _____ SSA Name: _____ <input type="checkbox"/> Summit County <input type="checkbox"/> Other				
		FINANCIAL AID: I am in need of financial assistance. I will contact UDS to learn more about my options.				
Total Payment Enclosed (if applicable): \$ _____						
Payment Options: <input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Name on Credit Card: _____ Billing Zip Code: _____ Total Payment: _____ Credit Card Number: _____ 3 digit CV#: _____ Exp. _____ Signature: _____ Date: _____						
Please return all forms to: United Disability Services 701 S. Main St., Akron, OH 44311.						
For office use only: Form Processed: _____ Annual Waiver on File: _____ Photo Release: _____ Other: _____						

Please Detach and Return Form



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

NONPROFIT ORG
U.S. POSTAGE

PAID

AKRON, OH
PERMIT NO. 678

RETURN SERVICE REQUESTED

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

**STRIKE
UP
SOME
FAMILY
FUN**

Proceeds benefit All-Star Training Club, a program of United Disability Services www.udsakron.org