



KIDS IN DISABILITY SPORTS, INC
Holden Center, 220 Pawtucket Street, Suite 8
Lowell, MA 01854
1-866-712-7799 ~ www.kidsinc.us

Welcome to the 2009-2010 season with KIDS! We are happy to report that the organization is moving forward with keeping the mission of the organization alive, which is, **to improve the quality of life for children and young adults with disabilities through its sports and social programs.**

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Registration: Registration in advance of participation in and KIDS program is mandatory for all members. The season runs from September to August. You may register (a) in person on/at designated dates and locations, (b) by downloading the registration forms and mailing the completed forms in with the registration fee, or (c) online at www.kidsinc.us (coming soon). A registration form must be completed for **each** participant as indicated on the form **and** returned with the membership fee. **Registrations will not be accepted without payment.** All information is kept confidential. If you have any questions, please contact KIDS at 1-866-712-7799.

Medical Information: It is the responsibility of the parents and guardians to determine if any programs, events or activities would be harmful to the participant's physical, mental, or emotional well-being and, if so, to avoid such activities, as KIDS is not responsible regarding such matters.

Registration Fee: The registration fee is \$75.00 (maximum) per family per year, if more than one individual with special needs wishes to become a member. The fee does not entitle family members without special needs to participate in any programs, events or activities except if doing so as a volunteer. Families are always welcome to participate in all social events.

Grants: KIDS applies for grants from various organizations and foundations to allow KIDS to continue to offer programs, events and activities. Funding is sometimes dependent on providing the number of participants that register with KIDS and their disability. You are not required to provide this information to KIDS, but we would appreciate it if you would please consider completing and returning the form, which you will receive in July.

Volunteers: The programs, events and activities offered by KIDS are entirely dependent upon volunteers and cannot take place without them. We ask that you and your family members volunteer so that we can keep the programs, events and activities running. Volunteers over the age of 18 must complete a CORI form and the Waiver of Liability section in the registration package before participating in any KIDS sports programs, events or activities. Non-family members wishing to volunteer must complete a volunteer application, which may be obtained by calling KIDS.

Thank you for your continued support and participation in the KIDS organization. We are looking forward to a productive and successful upcoming season.

Sincerely,
KIDS Board of Directors & Administrative Committee

Special Programs for Special Kids



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Kids In Disability Sports, Inc. ("KIDS")
SPORTS AND RECREATION POLICIES

The following policies and procedures pertaining to the KIDS sports programs and social/recreational activities apply to all athletes, participants and family members.

1. General Rules
 - a. Membership in KIDS is limited to individuals with special needs.
 - b. Registration and sign-up for all programs, events and activities is required prior to the start date of the specific program, event or activity and are based on a first a come, first served basis.
 - c. Registrations will not be accepted without the registration fee.
 - d. You cannot register the day that a program, event or activity starts.
 - e. Coaches are unable to accept registrations. Registrations must be given to a member of the administrative staff or mailed to the address above.
 - f. For the safety of the participants, some programs, events and activities have a maximum number of participants allowed. If you sign up for a program, event or activity and decide that you or your child(ren) will not be participating, please advise KIDS as soon as possible by calling 1-866-712-7799, as you or your child(ren) will be taking the place of an athlete or participant on a wait list. Please be considerate of others.
 - g. Numerous unexcused absences may be cause for removal from a program and the sports banquet.
 - h. You or your child(ren) must sign in each week with the coach or other designated individual for that particular program.
 - i. Parents should note the start and finish times of each program and plan to have your child(ren) at the program on time.
 - j. To help us provide safe, quality programs, KIDS has a no drop off policy. Children under the age of 18 cannot be left at any program site or social event unattended. KIDS is not responsible for participants who are dropped off.
 - k. Adults 18 and over must be prepared to provide emergency contact and medical information when attending any social event.
 - l. All volunteers must complete CORI form and sign a Waiver of Liability form, which are included in the registration packet, or can be obtained from the KIDS website or by calling KIDS. This is the law. All information is kept confidential.
 - m. All non-KIDS members must complete a volunteer application and pass the CORI, if applicable, before they can begin their volunteer duties.

Special Programs for Special Kids

- n. If any information changes during the course of the year, i.e., address, telephone number, email address, medications, etc., please call KIDS and request a new registration form.
2. Dance Rules - In addition to the above rules, the following rules apply to attendance at dances.
 - a. Dances begin at 7:00 p.m. and end promptly at 10:00 p.m.
 - b. Admittance begins at 6:45. No one will be allowed to enter the hall or wait outside before this time.
 - c. Everyone must check in at the front table upon entering and pay the admittance fee. Your hand will be stamped at this time to acknowledge you've paid.
 - d. Attendees under the age of 18 **must be accompanied by a parent or guardian. There will be no exceptions.**
 - e. Attendees over the age of 18 must sign in at the front table and leave your name and the name and phone number of an emergency contact who can be reached during the dance. Please come prepared with this information.
 - f. Individuals responsible for picking up attendees over the age of 18 must arrive by 9:30 and be present for the last half hour of the dance. **Our volunteers are not responsible for anyone who remains after 10:00.**
 - g. After you have entered the hall, you may leave only to use the restroom.
 - h. There is no loitering in the main hallway or outside the front door. This is for the safety of all and courtesy of those who may be using the facility for another function.
 - i. Failure to abide by these rules may prevent you from being allowed to attend future dances, which will be at the discretion of KIDS.

IF LIVING IN GROUP HOME, SKIP THIS PAGE AND GO TO PAGE 2. All others clearly print and complete this form in its entirety for each participant you are registering.

SECTION 1: PARTICIPANT REGISTRATION INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street:	Date of Birth:
City:	Shirt Size (circle only one): Youth: S (6-8) M (10-12) L (14-16) XL (18-20) Adult: S M L XL 2XL 3XL 4XL
State & Zip Code:	
Home Phone:	Email Address 1:
Work Phone:	Email Address 2:
Cell Phone:	

SECTION 2: PARENT/FAMILY CONTACT (Complete only if different from Section 1)

Name:	Home Phone:
Street:	Work Phone:
City:	Cell Phone:
State & Zip Code:	Email Address:

SECTION 3: PROGRAM SIGN-UP (Check sports/programs you want to participate in)

<input type="checkbox"/> Soccer ¹	<input type="checkbox"/> Floor Hockey ⁴	<input type="checkbox"/> Whiffle Ball ⁷	<input type="checkbox"/> Golf ¹⁰	¹ Sept-Oct	² Sept-Mar	³ Sept-Apr
<input type="checkbox"/> Bowling ²	<input type="checkbox"/> Basketball ⁵	<input type="checkbox"/> Gymnastics ⁸	<input type="checkbox"/> Arts & Crafts	⁴ Sept-Nov	⁵ Nov-Feb	⁶ Jan-Mar
<input type="checkbox"/> Swimming ²	<input type="checkbox"/> Karate ⁶	<input type="checkbox"/> Track/Field ⁸	<input type="checkbox"/> Computer Class	⁷ Mar-Apr	⁸ Apr-May	⁹ May-Jun
<input type="checkbox"/> Fitness ³	<input type="checkbox"/> Kickball ⁷	<input type="checkbox"/> Baseball ⁹	<input type="checkbox"/> Dances ¹¹	¹⁰ Jun-Aug	¹¹ Sept-Jun	

SECTION 4: MEDICAL INFORMATION (Answer all questions)

Doctor:	Phone:
Insurance Carrier #1	Policy No.:
Insurance Carrier #2	Policy No.:
Participant's disability/diagnosis:	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal

Does the participant take any medications? Yes: No:

If yes, explain:

Is the participant allergic to any medications or food? Yes: No:

If yes, explain:

Does the participant have any medical problems our staff should be aware of? Yes: No:

If yes, explain:

SECTION 5: PERMISSIONS AND WAIVERS

Permission to Participate/Medical Treatment: I hereby give permission for (1) the participant mentioned above to (a) participate in the programs/events/activities conducted by KIDS, and (b) be transported to/from special programs/events/activities, and (2) emergency medical treatment to be administered to the participant mentioned above by qualified medical personnel. KIDS **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of any program/event/activity, including but not limited to transportation to/from the same, or due to the falsification of any information on this form. In the event of any changes to information in this form, I agree to notify KIDS of said change(s) within 21 days. I hereby waive, release, absolve, indemnify, and agree to hold harmless KIDS, its principals, agents, employees, volunteers, sponsors, participants and persons from any and all claims arising out of injury to the participant mentioned above resulting from their participation in KIDS programs/events/activities.

Parent/Guardian Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____
(Participant signature required if 18 years or older)

Permission for Photography/Videography: I give KIDS, Inc. permission to video tape/photograph, and hereby agree to the voice, appearance, and any participation of, any program that a child, parent, guardian or adult takes part in. I also understand and agree that their videos/photographs may appear on television, in the newspaper or on the KIDS website.

Parent/Guardian Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____
(Participant signature required if 18 years or older)

COMPLETE THIS PAGE ONLY IF LIVING IN GROUP HOME. Clearly print and complete this form in its entirety for each group home participant that is registering.

SECTION 1: GROUP HOME PARTICIPANT REGISTRATION INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street:	Date of Birth:
City:	Adult Shirt Size (circle only one): S M L XL 2XL 3XL 4XL
State & Zip Code:	Supervisor Name:
Home Phone:	Email Address:
Work Phone:	Supervisor Name:
Cell Phone:	Email Address:

SECTION 2: PARENT/FAMILY CONTACT

Name:	Home Phone:
Street:	Work Phone:
City:	Cell Phone:
State & Zip Code:	Email Address:

SECTION 3: PROGRAM SIGN-UP (Check sports you want to participate in)

<input type="checkbox"/> Soccer ¹	<input type="checkbox"/> Floor Hockey ⁴	<input type="checkbox"/> Whiffle Ball ⁷	<input type="checkbox"/> Golf ¹⁰	¹ Sept-Oct	² Sept-Mar	³ Sept-Apr
<input type="checkbox"/> Bowling ²	<input type="checkbox"/> Basketball ⁵	<input type="checkbox"/> Gymnastics ⁸	<input type="checkbox"/> Arts & Crafts	⁴ Sept-Nov	⁵ Nov-Feb	⁶ Jan-Mar
<input type="checkbox"/> Swimming ²	<input type="checkbox"/> Karate ⁶	<input type="checkbox"/> Track/Field ⁸	<input type="checkbox"/> Computer Class	⁷ Mar-Apr	⁸ Apr-May	⁹ May-Jun
<input type="checkbox"/> Fitness ³	<input type="checkbox"/> Kickball ⁷	<input type="checkbox"/> Baseball ⁹	<input type="checkbox"/> Dances ¹¹	¹⁰ Jun-Aug	¹¹ Sept-Jun	

SECTION 4: MEDICAL INFORMATION (Answer all questions)

Doctor:	Phone:
Insurance Carrier #1	Policy No.:
Insurance Carrier #2	Policy No.:
Participant's disability/diagnosis:	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal
Does the participant take any medications? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, explain:	
Is the participant allergic to any medications or food? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, explain:	
Does the participant have any medical problems our staff should be aware of? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, explain:	

SECTION 5: PERMISSIONS AND WAIVERS

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Parent/Guardian Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____
(Participant signature required if 18 years or older)

Permission for Photography/Videography: I give KIDS, Inc. permission to video tape/photograph, and hereby agree to the voice, appearance, and any participation of, any program that a child, parent, guardian or adult takes part in. I also understand and agree that their videos/photographs may appear on television, in the newspaper or on the KIDS website.

Parent/Guardian Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____
(Participant signature required if 18 years or older)

COMPLETE THIS PAGE AND THE ATTACHED CORI FORM TO VOLUNTEER

SECTION 6: VOLUNTEERING

The programs and activities offered by KIDS are entirely dependent upon volunteers and cannot take place without them. We encourage you and your family members to become involved and help us make the programs, events and activities successful. Please indicate the activities you wish to volunteer for. Volunteers who assist coaches or participate in programs in some fashion must complete a CORI form.

<input type="checkbox"/> Coaching ¹ <input type="checkbox"/> Assistant Coaching ¹ <input type="checkbox"/> Fundraising ² <input type="checkbox"/> Social Events ³ <input type="checkbox"/> Role Model ⁴ <input type="checkbox"/> Administrative ⁵	¹ Please indicate the sports that you would like to coach/assistant coach: ² This may involve selling raffles, obtaining sponsors for events such as the bowl-a-thon, selling candy bars, etc. ³ This may include decorating for events, cooking & serving food at outings, selling KIDS merchandise at events, etc. ⁴ Must be between the ages of 13 and 18 and be able to assist a special need member as a role model. ⁵ This may include collating documents, doing mailings, distributing flyers, etc.
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SECTION 7: FAMILY VOLUNTEERS (Please list names and ages of all family/household members who will be participating in the areas set forth in Section 5 above)

1. Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:
Address:		Phone:	
Emergency Contact:	Name:	Phone:	
2. Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:
Address:		Phone:	
Emergency Contact:	Name:	Phone:	
3. Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:
Address:		Phone:	
Emergency Contact:	Name:	Phone:	
4. Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:
Address:		Phone:	
Emergency Contact:	Name:	Phone:	

SECTION 8: VOLUNTEER WAIVER OF LIABILITY

In consideration of the opportunity afforded to me to assist on a voluntary basis with KIDS, I hereby waive any right or cause of action arising as a result of my participation in any program with KIDS which any liability may or could accrue against KIDS or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities with KIDS. I am participating as an individual and not as an employee. I also give KIDS permission to use my name and/or pictures while I am participating in the programs and activities of KIDS.

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

If volunteer is under 18 years old



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KIDSI
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CHAPTER 6 § 172 H CORI REQUEST FORM

Kids in Disability Sports Inc., is requesting all the available criminal offender record information ("CORI") on the following individual from the Criminal History Board pursuant to Chapter 6 § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

VOLUNTEER INFORMATION

PLEASE PRINT

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

ADDRESS: _____

Requested by: _____
Signature of CORI authorized employee