



Kids in Disability Sports, Inc.
P.O. Box 1397
Lowell, MA 01853
1-866-712-7799
www.kidsinc.us • info@kidsinc.us

K.I.D.S. Registration Letter

Welcome to the 2023-2024 season with K.I.D.S., an organization dedicated to improving the quality of life for individuals with disabilities through sports programs and social/recreational activities and helping them to build confidence, character and self-esteem, while teaching them the value of teamwork and cooperation.

Registration: Registration in advance of participation in any K.I.D.S. program is mandatory for all members. The season runs from September 1 to August 31. *A registration form must be completed for each participant and returned by August 15. Registrations will not be accepted without appropriate payment.* All information is kept confidential. If you have any questions, please contact K.I.D.S. at 1-866-712-7799, extension 1.

Registration Fee (please note late fee): *For returning member registrations post-marked (i) by August 15, the registration fee is \$75.00 per person per year; (ii) after August 15, the registration fee is \$100. For new members, the registration fee is \$75.00.* **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.

Medical Information: It is the responsibility of the parents, guardians and group home supervisors 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 programs, events or activities, as K.I.D.S. is not responsible regarding such matters.

Volunteers: *The programs, events and activities offered by K.I.D.S. are entirely dependent upon volunteers and cannot take place without them. We ask that you, and your family members and friends, volunteer so that we can continue offering the programs, events and activities to your loved one.* All volunteers must complete a volunteer application and those over the age of 18 must undergo a CORI check.

Fundraising: Because our programs are entirely dependent upon volunteers and participants pay only a nominal registration fee, funding for programs is entirely dependent on money raised via fundraising, donations, and grants. The Board of Directors works very hard at organizing various fundraising events throughout the year. Unfortunately, last year, only a handful of member families participated in these events, which is very concerning and disappointing. *Your participation in these events is crucial to raising money to be able to continue providing the programs that your loved one has come to enjoy. We will periodically provide you with suggestions on how you can support these events and look forward to your cooperation in that regard. We cannot run programs, events and activities without the funds to do so.*

Enclosed please find the following documents:

- Registration form
- Volunteer application
- Information and policies

Please *entirely and clearly complete and sign* the Registration Form where indicated, and return that with your registration fee, as well as the Volunteer Application (if applicable), in the enclosed, self-addressed envelope. Thank you for your continued cooperation. We are looking forward to a productive and successful upcoming season.

K.I.D.S., Inc.

Special Programs for Special Kids

KIDS IN DISABILITY SPORTS (K.I.D.S.) REGISTRATION FORM

SECTION 1: PARTICIPANT REGISTRATION INFORMATION – Please print clearly.			
Name:	FOR K.I.D.S. USE ONLY: Reg. fee: returning member \$75 on/before 8/15/23, \$100 received after 8/15/23; new member \$75 Cash: <input type="checkbox"/> Y <input type="checkbox"/> N Check no.:		
Street:	Date of Birth:		
City:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F New Member: <input type="checkbox"/> Y <input type="checkbox"/> N		
State & Zip Code:	Shirt Size (circle only one):		
Phone:	Youth: S (6-8) M (10-12) L (14-16) XL (18-20) Adult: S M L XL 2XL 3XL 4XL		
Email Address: This email address will be used as the primary email address to send emails regarding K.I.D.S. programs & events	How did you hear about K.I.D.S.?		
SECTION 2: PARENT/FAMILY CONTACT (Complete address, phone & email only if different from Section 1)			
Name:	Phone:		
Street:	Email Address:		
City:	Name of emergency contact (if different than parent/family contact):		
State & Zip Code:	Phone of emergency contact (if different than parent/family contact):		
SECTION 3: PROGRAM SIGN-UP (Check sports/programs you want to participate in)			
<input type="checkbox"/> Soccer ¹ <input type="checkbox"/> Bowling ² <input type="checkbox"/> Swimming ⁵ <input type="checkbox"/> Floor Hockey ³ <input type="checkbox"/> Basketball ⁴	<input type="checkbox"/> Karate ⁶ <input type="checkbox"/> Yoga ¹⁰ <input type="checkbox"/> Gymnastics ⁷ <input type="checkbox"/> Track/Field ⁸ <input type="checkbox"/> Baseball ⁸	<input type="checkbox"/> Golf ⁹ <input type="checkbox"/> Kayaking ^{9*} <input type="checkbox"/> Flag Football ⁷ <input type="checkbox"/> Horseback Riding* <input type="checkbox"/> Skiing ^{5*} *Additional fee may apply	¹ Sept-Oct ² Sept-Mar ³ Sept-Nov ⁴ Nov-Feb ⁵ Jan-Feb ⁶ Mar-Apr ⁷ Apr-May ⁸ May-Jun ⁹ Jun-Aug ¹⁰ Oct-Nov Dates are approximate & subject to change; programs/events may be postponed or cancelled at the discretion of K.I.D.S. at any time for any reason.
SECTION 4: MEDICAL INFORMATION			
Participant's disability/diagnosis:	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal		

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 K.I.D.S., 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. I understand and agree that participation in such programs/events/activities is contingent upon compliance with K.I.D.S. policies by participant and participant's parent/guardian/friends/family and expulsion from the program may result from failure to so comply. I further understand and agree that presence and/or participation may include possible exposure to and illness from infectious diseases, including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I acknowledge that the participant and I are aware there are risks to us of exposure to, directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. The participant and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (defined below) or others and assume full responsibility for our presence and/or participation. I understand and agree that K.I.D.S. may determine requirements for the participant to participate in the programs/events/activities and the participant must comply with those requirements or be subjected to exclusion from the programs/events/activities. I willingly agree that I and the participant must comply with the stated requirements for presence and participation as regards protection against infectious diseases. If, however, I or the participant observes any unusual or significant hazard during the presence or participation, I or the participant will leave or stop participation and bring such to the attention of the nearest K.I.D.S. official immediately. **The participant and I have not to the best of our knowledge had ANY close contact or have cared for someone who has been diagnosed with COVID-19, and have not experienced ANY cold or flu symptoms in the last 14 days – regardless of severity, these symptoms include but are not limited to: fever, chills, shaking with chills, muscle pain (unrelated to physical exertion), headache, loss of taste or smell, cough sore throat, respiratory illness, shortness of breath or difficulty breathing. If the participant or I develop these symptoms at any time during participation in or attendance at a K.I.D.S. program/activity/event, we will immediately notify K.I.D.S. and refrain from participating and attending ANY K.I.D.S. program/activity/event until we are symptom-free for at least fourteen (14) days.**

Parent/Guardian Signature: _____ Date: _____

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

Permission for Photography/Videography: I give K.I.D.S., 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 K.I.D.S. website.

Parent/Guardian Signature: _____ Date: _____

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

Waiver of Liability: In consideration of the opportunity afforded to the participant to participate with or assist K.I.D.S., I hereby **RELEASE, DISCHARGE, AND COVENANT NOT TO SUE K.I.D.S.** or its officers, directors, administrators, agents, members, and volunteers (collectively referred to as "Releasees") and waive any right or cause of action arising as a result of the participant's participation in any programs/events/activities with K.I.D.S. which any liability may or could accrue against Releasees collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include but not be limited to any rights or causes of action resulting from possible exposure to and illness from infectious diseases (such as COVID-19), personal injury to the participant, disability, death, or loss or damage to person or property, including that caused in whole or in part by the negligence of the Releasees or otherwise. The participant is participating as an individual and not as an employee. The participant also gives K.I.D.S. permission to use his/her name and/ or pictures while he/she is participating in the programs, events, and/or activities of K.I.D.S.

K.I.D.S. **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 K.I.D.S. of said change(s) within 21 days. I hereby waive, release, absolve, indemnify, and agree to hold harmless K.I.D.S., 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 K.I.D.S. programs/events/activities.

Participant Name: _____

Parent(s)/Guardian(s): _____

Brother(s): _____

Sister(s): _____

Parent/Guardian Signature: _____ Date: _____

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



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Volunteer Application

Thank you for your interest in becoming a volunteer at Kids In Disability Sports (K.I.D.S.). Because K.I.D.S. is managed and staffed entirely by volunteers, you are extremely important to this organization and our ability to run programs and events. Parents, family, friends and community members come together to coach, organize and support all of the K.I.D.S. programs, events and activities. **Without you, we cannot run programs and events.**

K.I.D.S. is a private, nonprofit organization, whose mission is to improve the quality of life for individuals with disabilities through sports and social/recreational programs. K.I.D.S. programs, events and activities provide people with disabilities many opportunities to get involved, learn new skills, develop long-term, meaningful friendships and give back to the community. These programs

- promote healthier lifestyles and encourage people to exercise to the best of their abilities;
- teach the value of teamwork and cooperation while providing the chance to develop meaningful, long lasting relationships;
- build confidence, character and self-esteem; and
- provide involvement in new experiences and teach life skills.

Background Checks:

K.I.D.S. honors The Volunteers for Children Act, which was signed by President Clinton on October 26, 1998. This act allows any organization and business providing services to young, elderly, or disabled individuals to conduct criminal history checks to screen volunteers and employees against relevant criminal records. Such background checks are governed by the Criminal Offender Record Information Act (CORI), Chapter 385 of the Acts of 2002, which mandates that volunteer organizations providing activities or programs to children 18 years of age or less obtain a CORI on its volunteers prior to accepting any person as a volunteer. K.I.D.S. requires that a CORI be completed for all volunteer applicants over the age of 18, which can take up to three weeks. **The last 6 digits of your social security number are needed to conduct the CORI. Please be sure to include such information.** Volunteers cannot begin their duties until they receive acknowledgment from K.I.D.S. indicating they are cleared to begin. All information is confidential.

Thank you for supporting K.I.D.S. We hope you find this experience rewarding.

K.I.D.S., Inc.

Special Programs for Special Kids

KIDS IN DISABILITY SPORTS ("K.I.D.S.") VOLUNTEER APPLICATION
(You must be at least 13 years old to volunteer. Please print clearly.)

SECTION 1: PERSONAL INFORMATION (Application cannot be processed without Full Name, Current Address, Maiden Name/Alias (if applicable), Date of Birth, Partial Social Security No. & Parent Information)			
Name:	Phone 1:		
Street:	Phone 2:		
City:	Email Address:		
State & Zip Code:	Last 6 digits of social security no.:		
Maiden Name or Alias:	Date of Birth:		
Father's Name:	Mother's Name:		
Shirt Size (circle only one) : Youth: L (14-16) XL (18-20) Adult: S M L XL 2XL 3XL 4XL	Best way to contact me: <input type="checkbox"/> Phone <input type="checkbox"/> Email		
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
SECTION 2: EMERGENCY CONTACT			
Name:	Phone 1:		
Street:	Phone 2:		
City:	Email Address 1:		
State & Zip Code:	Email Address 2:		
SECTION 3: PLEASE TELL US ABOUT YOURSELF			
Do you know someone enrolled in our program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Participant Name(s):			
Do you know someone affiliated with our program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Affiliate Name(s):			
Relationship: <input type="checkbox"/> Friend <input type="checkbox"/> Relative If relative, how are you related:			
SECTION 4: INTERESTS AND AVAILABILITY			
<input type="checkbox"/> Coaching <input type="checkbox"/> Assistant Coaching <input type="checkbox"/> Fundraising <input type="checkbox"/> Social Events			
<input type="checkbox"/> Soccer ¹ <input type="checkbox"/> Bowling ² <input type="checkbox"/> Swimming ⁵ <input type="checkbox"/> Floor Hockey ³ <input type="checkbox"/> Basketball ⁴	<input type="checkbox"/> Karate ⁶ <input type="checkbox"/> Yoga ¹⁰ <input type="checkbox"/> Gymnastics ⁷ <input type="checkbox"/> Track/Field ⁷ <input type="checkbox"/> Baseball ⁸	<input type="checkbox"/> Golf ⁹ <input type="checkbox"/> Flag Football ⁷ <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Skiing	¹ Sept-Oct ² Sept-Mar ³ Sept-Nov ⁴ Nov-Feb ⁵ Jan-Feb ⁶ Mar-Apr ⁷ Apr-May ⁸ May-Jun ⁹ Jun-Aug ¹⁰ Oct-Nov Dates are approximate & subject to change; programs/events may be postponed or cancelled at the discretion of K.I.D.S. at any time for any reason.

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Telephone: 1-866-712-7799 **Email:** info@kidsinc.us **Website:** www.kidsinc.us

Factors that motivate me in a volunteer role are (check all that apply):

- Personal satisfaction Recognition by youths Preparing youth for future Resume/skill building
- Professional development Community involvement Public recognition (news article, etc.)
- Organizational recognition (pins, banquet, etc.) Other (Specify):

SECTION 5: EXPERIENCE

My volunteer experience includes:

Brief description of current work experience:

SECTION 6: HEALTH INFORMATION

Is there any health reason that might limit your ability to volunteer or that we should know about?

SECTION 7: PERMISSIONS AND WAIVERS

By signing below, I affirm that I have not at any time been convicted of, pleaded guilty to, pleaded no contest to, or admitted to any felony, any offense involving a minor, or driving while intoxicated. Additionally, I give permission to KIDS to conduct a background check (CORI) on me.

In consideration of the opportunity afforded to me/volunteer to assist on a voluntary basis with K.I.D.S.:

PERMISSION TO VOLUNTEER/MEDICAL TREATMENT: I hereby give permission for (1) the volunteer mentioned above to (a) assist with the programs/events/activities conducted by K.I.D.S., and (b) be transported to/from special programs/events/activities, and (2) emergency medical treatment to be administered to the volunteer mentioned above by qualified medical personnel. I understand and agree that participation in such programs/events/activities is contingent upon compliance with K.I.D.S. policies by participant and participant's parent/guardian/friends/family and expulsion from the program may result from failure to so comply. I further understand and agree that presence and/or assistance may include possible exposure to and illness from infectious diseases, including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. The volunteer and I acknowledge that we are aware there are risks to us of exposure to, directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. The volunteer and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (defined below) or others and assume full responsibility for our presence and/or participation. The volunteer and I understand and agree that K.I.D.S. may determine requirements for the volunteer to assist with the programs/events/activities, including but not limited to, those regarding protection against infectious diseases, and the volunteer and I must, and willingly agree to, comply with those requirements. If, however, I or the volunteer observes any unusual or significant hazard during the presence or participation, the volunteer will leave or stop assistance and bring such to the attention of the nearest K.I.D.S. official immediately. **The volunteer and I have not to the best of our knowledge had ANY close contact nor have cared for someone who has been diagnosed with COVID-19, and have not experienced ANY cold or flu symptoms in the last 14 days – regardless of severity, these symptoms include but are not limited to: fever, chills, shaking with chills, muscle pain (unrelated to physical exertion), headache, loss of taste or smell, cough sore throat, respiratory illness, shortness of breath nor difficulty breathing. If the volunteer or I develop these symptoms at any time during assistance with or attendance at a K.I.D.S. program/activity/event, we will immediately notify K.I.D.S. and refrain from assisting and attending ANY K.I.D.S. program/activity/event until we are symptom-free for at least fourteen (14) days.**

KIDS reserves the right to terminate your volunteer status at any time and for any reason.

THE FOLLOWING MUST BE FILLED OUT COMPLETELY

Print Volunteer Name _____

Parent/Guardian Signature: _____ Date: _____

Volunteer Signature: _____ Date: _____

Kids In Disability Sports, Inc., P.O. Box 1397, Lowell, MA 01853
Telephone: 1-866-712-7799 **Email:** info@kidsinc.us **Website:** www.kidsinc.us

PERMISSION FOR PHOTOGRAPHY/VIDEOGRAPHY: I give K.I.D.S., Inc. permission to video tape/photograph, and hereby agree to the voice, appearance, and any participation of, any program that a minor, 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 K.I.D.S. website and in promotional materials or advertisements.

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

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

WAIVER OF LIABILITY: In consideration of the opportunity afforded to me/volunteer to assist on a voluntary basis with K.I.D.S., I hereby **RELEASE, DISCHARGE, AND COVENANT NOT TO SUE K.I.D.S.** or its officers, directors, administrators, agents, members, and volunteers (collectively referred to as "Releasees") and waive any right or cause of action arising as a result of the volunteer's participation in any programs/events/activities with K.I.D.S. which any liability may or could accrue against Releasees collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include but not be limited to any rights or causes of action resulting from possible exposure to and illness from infectious diseases (such as COVID-19), personal injury to the volunteer, disability, death, or loss or damage to person or property, including that caused in whole or in part by the negligence of the Releasees or otherwise. The volunteer is participating as an individual and not as an employee. The volunteer also gives K.I.D.S. permission to use his/her name and/ or pictures while he/she is volunteering in the programs, events, and/or activities of K.I.D.S.

K.I.D.S. **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 K.I.D.S. of said change(s) within 21 days. Volunteer and I hereby waive, release, absolve, indemnify, and agree to hold harmless K.I.D.S., its principals, agents, employees, volunteers, sponsors, participants and persons from any and all claims arising out of injury to the volunteer mentioned above resulting from their assistance with/in K.I.D.S. programs/events/activities.

Volunteer Name: _____
Parent(s)/Guardian(s): _____
Brother(s): _____
Sister(s): _____

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

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

SECTION 8: FOR OFFICE USE ONLY

CORI Check	Date Completed:
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K.I.D.S. Information and Policies

K.I.D.S. started in 1995 and incorporated as a 501(c)(3) non-profit organization in 1999. It provides numerous year-round, team and individual sports programs and social/recreational activities for individuals with disabilities. The following information will help you determine if K.I.D.S. is the right organization for you and your loved one.

- Because we are staffed entirely by volunteers, we are unable to provide one-on-one assistance to members. Members should be able to take and follow direction given by coaches and volunteers with minimal re-direction. Parents, guardians and representatives are responsible for providing one-on-one assistance to individuals requiring such assistance if the individual is unable to take such direction. K.I.D.S. reserves the right to determine if such assistance is required and communicate that to the parent, guardian or representative.
- The minimum age to participate is 6. There is no upper age limit. Registration and sign up is required prior to the start of the specific program/event. Program and event participation is on a first come, first served basis.
- Children under 18 years old cannot be left at any program or event unattended. Participants 18 and over must provide emergency contact and medical information when attending any social event. Participants and attendees are responsible for their own transportation. K.I.D.S. is not responsible for participants who are dropped off.
- 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 loved one will not be participating, please advise K.I.D.S. as soon as possible by calling 1-866-712-7799, ext. 1, so that we may offer that slot to another individual(s).
- The parent, guardian, representative, or member must sign in each week with the coach or other designated individual.
- Parents, guardians and representatives should note the start and finish times of each program and event and plan to have the member at the program on time and, for those members over 18 years of age, picked up no later than the end time designated by the coach.
- One of the primary goals of K.I.D.S. is to promote fun, fair play and respect for all members of K.I.D.S. and volunteers who give their time to support the organization. It is expected that all parents, guardians, representatives, family members and friends of members and participants support and cooperate with K.I.D.S. and its volunteers in this effort.
- Sibling participation in non-team sports programs and social/recreational events may be offered when appropriate, space permitting and at the discretion of K.I.D.S. Sibling participation in team sports will be allowed if (a) their family member requires assistance, (b) the sibling is 13 years of age or older, and (c) a volunteer application is completed and submitted to K.I.D.S. at least 2 weeks prior to the start of the applicable program or date of the event.

Special Programs for Special Kids

- Email and telephone communications are sent to our members throughout the year announcing important program and event information, including program start dates (sports, social and recreational), locations, times and cancellations. Prompt attention to these communications and “respond by” deadlines is necessary in order for us to plan our programs and events and ensures your participation. Please promptly notify K.I.D.S. if your home address, email address or phone number(s) changes to ensure you continue receiving our communications. Notification can be made by sending an email to info@kidsinc.us or by calling the registration info number below.

General contact information:

Mailing Address: Kids in Disability Sports, Inc.
P.O. Box 1397
Lowell, MA 01853

Telephone: 1-866-712-7799
Ext. 1 – General Information
Ext. 2 – Registration Information
Ext. 3 – Sports Information
Ext. 4 – Volunteer Information

Email: info@kidsinc.us

Website: www.kidsinc.us

Facebook: Kids in Disability Sports, Inc.

Special Programs for Special Kids