



KIDS IN DISABILITY SPORTS, INC.  
P.O. Box 1397  
Lowell, MA 01853  
1-866-712-7799  
Website: [www.kidsinc.us](http://www.kidsinc.us)  
Email: [info@kidsinc.us](mailto:info@kidsinc.us)

## **K.I.D.S. Registration Letter**

Welcome to a new 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 events (“**K.I.D.S. Programs**”) 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 19. 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.

**UPDATE→ Registration Fee (please note late fee and fee increase):** **For returning member registrations post-marked (i) by August 19, the registration fee is \$100.00 per person per year; (ii) after August 19, the registration fee is \$125. For new members, the registration fee is \$100.00.** 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 welcome to participate in all social events as designated and specified by K.I.D.S.

**NEW→ Program Sign-up:** You no longer need to choose programs in the registration application, however, we continue to list the programs offered. You will receive a communication when it is time to sign-up for a program and must sign up for the program of your choice by the noted deadline, as space in some programs is limited. If you sign up for a program and are unable to attend, you must notify K.I.D.S. via email to [info@kidsinc.us](mailto:info@kidsinc.us) or the designated phone number in the program announcement, with the participant’s name and message that they will not be able to attend. You may be subject to a program fee for failure to notify us within the designated timeframe.

**NEW→ Policies; Termination:** The safety and well-being of K.I.D.S. participants and participant’s families and friends is K.I.D.S. primary concern. Participation in and attendance at K.I.D.S. Programs is subject to participant’s and their families and friend’s compliance with K.I.D.S. policies. K.I.D.S. reserves the right to terminate participant’s membership in K.I.D.S., or participation in and their families and friend’s attendance at K.I.D.S. Programs for failure to comply with policies or behavior that is deemed inappropriate or unsafe by K.I.D.S.

**Medical Information:** It is the responsibility of the parents, guardians and group home personnel to determine if any K.I.D.S. Program will be harmful to the participant’s physical, mental, or emotional well-being and, if so, to avoid such K.I.D.S. Program, as K.I.D.S. is not responsible regarding such matters.

**Volunteers:** **K.I.D.S. Programs 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 K.I.D.S. Programs 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 K.I.D.S. Program are entirely dependent upon volunteers and participants pay only a nominal registration fee to participate in K.I.D.S. Programs, 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, only a handful of member families seem to participate 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 K.I.D.S. Programs without the funds to do so.**

**Special Programs for Special Kids**

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.

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

SECTION 1: GROUP HOME REGISTRATION INFORMATION			
Name:	<b>FOR K.I.D.S. USE ONLY:</b> Reg. fee: returning member \$100 postmarked on/before 8/19/24; \$125 postmarked after 8/19/24; new member \$100 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 ( <b>circle only one</b> ): Adult: S M L XL 2XL 3XL 4XL		
Phone:	Supervisor 1 Name:		
This number will be used as the primary contact number to leave messages regarding K.I.D.S. programs & events	Supervisor 1 Phone:		
Email Address:	Supervisor 1 Email Address:		
This email address will be used as the primary email address to send emails regarding K.I.D.S. programs & events	Supervisor 2 Name:		
How did you hear about K.I.D.S.?	Supervisor 2 Phone:		
Supervisor 2 Email Address:			
SECTION 2: PARENT/FAMILY CONTACT			
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: PROGRAMS OFFERED			
Baseball <sup>8</sup> Basketball <sup>4</sup> Bowling <sup>2</sup> Cornhole <sup>9</sup> Crossfit/Fitness Floor Hockey <sup>3</sup>	Flag Football <sup>7</sup> Golf <sup>9</sup> Karate <sup>6</sup> Kayaking/Paddleboarding <sup>9*</sup> Kickball Gymnastics <sup>7</sup>	Horseback Riding* Soccer <sup>1</sup> Skiing <sup>5*</sup> Swimming <sup>5</sup> Track/Field <sup>8</sup> Yoga <sup>10</sup>	<sup>1</sup> Sept-Oct <sup>2</sup> Sept-Mar <sup>3</sup> Sept-Nov <sup>4</sup> Nov-Feb <sup>5</sup> Jan-Feb <sup>6</sup> Mar-Apr <sup>7</sup> Apr-May <sup>8</sup> May-Jun <sup>9</sup> Jun-Aug <sup>10</sup> Oct-Nov Dates are approximate & subject to change; programs/events may be postponed, rescheduled, or cancelled at the discretion of K.I.D.S. at any time for any reason.
*Additional fee may apply.			

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**SECTION 4: MEDICAL INFORMATION**

Participant's disability/diagnosis:

- Verbal
- 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, and activities conducted by K.I.D.S. (**collectively referred to as "K.I.D.S. Program(s)"**), and (b) be transported to/from K.I.D.S. Programs, and (2) emergency medical treatment to be administered to the participant mentioned above by medical personnel. I understand and agree that participation in K.I.D.S. Programs is contingent upon compliance with K.I.D.S. policies by participant and participant's parent/guardian/friends/family (**collectively referred to as "Participant Family"**) and expulsion from K.I.D.S. Programs or K.I.D.S. organization may result from failure to so comply. If participant or Participant's Family observes any unusual or significant hazard during the presence of, or participation in K.I.D.S. Programs, participant and Participant Family will stop participation or leave and immediately bring such to the attention of the nearest K.I.D.S. official.

I further understand and agree that my and Participant Family's participation and/or presence 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 Participant Family 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 Participant Family 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 K.I.D.S. Programs and the participant and Participant Family must comply with those requirements or be subjected to exclusion from the K.I.D.S. Program. **If at any time the participant or Participant Family experience symptoms of any illness, including but not limited to, cold and flu symptoms, we will immediately notify K.I.D.S. and refrain from attending ANY K.I.D.S. Program until we are symptom-free for at least seven (7) 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. permission to use participant's and Participants Family's name, voice, or picture (video tape or photograph) obtained while attending or assisting with K.I.D.S. Programs and acknowledge that such use may appear on television, in print (newspaper, promotional materials, advertisements, etc.) 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 or Participant Family to participate in, attend, or assist with K.I.D.S. Programs, 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 or Participant Family's, attendance at, or assistance with any K.I.D.S. Programs which any liability may or could accrue against Releasees collectively or individually. Furthermore, I hereby waive, release, absolve, indemnify, and agree to hold harmless Releasees from any and all claims arising out of injury to the participant mentioned above resulting from their participation in K.I.D.S. Programs. 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 or Participants Family, disability, death, or loss or damage to any 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.

K.I.D.S. **IS NOT RESPONSIBLE** for any injury or accident that may occur during the course of any K.I.D.S. Program, including but not limited to transportation to/from the same, or due to the falsification of any information on this form. I agree to notify K.I.D.S. of any changes to information in this form within 21 days of such change.

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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## **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 and recreational events and activities (collectively referred to as “**Programs**”) 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. Members and Representatives (defined below) must comply with the policies stated herein.

1. Because K.I.D.S. is 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 redirection. Parents, guardians, family, friends, and representatives such as group home supervisors (collectively referred to as “**Representative**”) are responsible for providing or arranging to provide one-on-one assistance for members requiring such assistance. K.I.D.S. reserves the right to determine if such assistance is required and communicate that to the Representative. If K.I.D.S. determines that such assistance is required, the member will be unable to participate in any K.I.D.S. Program until such assistance is in place.
2. The minimum age to register with K.I.D.S. is 6. There is no upper age limit.
3. Registration and Program sign up is required prior to the start of the specific Program. Program participation is on a first come, first served basis. For the safety of the members and volunteers, some Programs have a maximum number of participants allowed.
4. If, after Program sign-up, the member is unable or decides not to attend the Program, please advise K.I.D.S. as soon as possible by email at [info@kidsinc.us](mailto:info@kidsinc.us) or by calling 1-866-712-7799, ext. 1, so that we may offer that slot to another individual(s). The member or Representative will be subject to a Program fee for failure to provide such notice. The Program fee varies, depending on the Program.
5. Members under 18 years old cannot be left at any Program unattended. Members 18 and over must provide emergency contact and medical information when attending any social or recreational event or activity. Members and Representatives are responsible for their own transportation to and from Programs. K.I.D.S. is not responsible for participants who are dropped off.
6. The member or Representative must sign in each week with the coach or other designated individual.
7. Representatives should note the start and end times of each Program, have the member at the Program on time and, for those members over 18 years of age, picked up no later than the Program end time designated by the coach or K.I.D.S. designee.
8. One of the primary goals of K.I.D.S. is to promote fun, fair play, and respect for all K.I.D.S. members and volunteers who give their time to support the organization. It is expected that all members and Representatives support and cooperate with K.I.D.S. volunteers and

representatives in this effort. Additionally, inappropriate language and behaviors, including behaviors deemed unsafe, will not be tolerated and will subject to termination of the member and/or Representative from Programs and membership, at the discretion of K.I.D.S.

9. At the discretion of K.I.D.S., participation in Programs may be offered to member siblings. Sibling participation in team sports will be allowed if (a) the member requires the sibling's one-on-one assistance, (b) the sibling is 13 years of age or older, and (c) the sibling completes and submits a volunteer application to K.I.D.S. at least 2 weeks prior to the start of the applicable Program.

10. We post important Program information to our website [www.kidsinc.us](http://www.kidsinc.us). Additionally, email and telephone communications are sent to our members throughout the year announcing important Program information, including start and end dates and times, locations, and cancellations. Prompt attention to these communications and "respond by" deadlines is necessary for K.I.D.S. to plan the Programs and ensures the member's participation, space permitting. 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](mailto: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:	<a href="mailto:info@kidsinc.us">info@kidsinc.us</a>
Website:	<a href="http://www.kidsinc.us">www.kidsinc.us</a>
Facebook:	Kids in Disability Sports, Inc.