KIDS IN DISABILITY SPORTS, INC.
P.O. Box 1397
Lowell, MA 01853
1-978-473-8020
Website: www.kidsinc.us
Email: 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 **("Programs")** and helping them to build confidence, character and self-esteem, while teaching them the value of teamwork and cooperation.

Enclosed are the following documents:

- Policies and Procedures
- Registration Form
- Volunteer application

Please note that major revisions were made in 2025 to the enclosed Policies and Procedures and Registration Form as well as some revisions to the volunteer application. Please carefully read them in their entirety to re-acquaint yourself with their contents.

A registration form must be completed for each member and **returned by August 14, 2026**. 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. For returning member registrations post-marked (i) by August 14, the registration fee is $100.00 per person per year; (ii) after August 14, the registration fee is $125. For new members, the registration fee is $100.00. Incomplete registrations or registrations received without applicable payment will not be accepted. Payment may be made by cash, check, or PayPal or Credit Card at www.kidsinc.us. Please add "registration fee" in the note section where applicable.

Sign-up is required on a per Program basis and must be done in addition to registration. See the enclosed Policies and Procedures for important information regarding Program sign-up.

On a per Program basis, volunteer sign-up emails will be sent to the email address we have on file. We ask Representatives to consider volunteering, as our Programs are entirely dependent upon volunteers and cannot take place without them. The volunteer application can be found at and downloaded from https://kidsinc.us/volunteer/.

Funding for our Programs is entirely dependent on money raised via fundraising, donations, and grants. 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 Representatives with suggestions on how you can support these events and look forward to your cooperation in that regard.

Thank you for your continued cooperation. We are looking forward to a productive and successful upcoming season. If you have questions, please email **info@kidsinc.us** or call 978-473-8020, extension 1.

K.I.D.S., Inc.

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

FOR K.I.D.S. USE ONLY

Registration fee: returning member $100 postmarked on/before 8/14/26; $125 postmarked after 8/14/26; new member $100. For payments by PayPal and check, add "registration fee" in the note section.

Cash: ☐ Y ☐ N PayPal or CC (via website) ☐ Y ☐ N Check no.:

SECTION 1: MEMBER REGISTRATION INFORMATION

Name:	Date of Birth:
Street:	Sex: ☐ M ☐ F New Member: ☐ Y ☐ N
City:	State & Zip Code:
Phone: This number will be used as the primary contact number to leave messages regarding K.I.D.S. programs & events	Email Address: This email address will be used as the primary email address to send emails regarding K.I.D.S. programs & events

SECTION 2: PARENT/FAMILY/GUARDIAN 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: MEDICAL INFORMATION

Diagnosis:

☐ Verbal ☐ Non-verbal

K.I.D.S. may be eligible to apply for grants that are dependent on the disability/diagnosis of our members (i.e., 25% of the population served must have autism, etc.). Such information will be used for this purpose only.

SECTION 4: PROGRAMS OFFERED

Please visit www.kidsinc.us for a list of team and individual sports programs and social and recreational events and activities (collectively referred to as **"Programs"**) offered by K.I.D.S. and refer to the K.I.D.S. policies and procedures **("Policies and Procedures")** for important information regarding participation in Programs. **In addition to member registration, Program sign-up is required on a Program-by-Program basis.**

SECTION 5: K.I.D.S. POLICIES AND PROCEDURES

Agreement to Policies & Procedures: In consideration of the opportunity afforded to the member and Representatives (defined in the Policies and Procedures) to participate in, attend, or assist with Programs, I acknowledge receipt of and confirm that I have read, understand, and agree to abide by the Policies and Procedures, which may be updated from time-to-time and posted to www.kidsinc.us. If I do not agree with any part of the Policies and Procedures, I understand that I will not be able to participate in, attend, or assist with Programs.

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

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

SECTION 6: PERMISSIONS AND WAIVERS

Permission to Participate/Medical Treatment: I hereby give permission for (1) the member mentioned above to (a) participate in Program(s), and (b) if applicable and in compliance with the Policies and Procedures, be transported to/from Programs, and (2) emergency medical treatment to be administered to the member mentioned above by medical personnel. I understand and agree that participation in Programs is contingent upon compliance with the Policies and Procedures by member and Representatives and expulsion from Programs or the K.I.D.S. organization may result from failure to so comply.

I further understand and agree that my and Representative's participation in and/or presence at Programs 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 member and Representatives 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 member and Representative 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 member to participate in Programs and the member and Representatives must comply with those requirements or be subjected to exclusion from Programs. **If at any time the member or Representative 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 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 the member's and Representative's name, voice, or picture (video tape or photograph) obtained while attending or assisting with 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 member or Representative to participate in, attend, or assist with 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 member's participation in or Representative's, attendance at, or assistance with any 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 member mentioned above resulting from their participation in 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 member or Representatives, 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 member 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 Program, including but not limited to those resulting from member's or Representative's failure to comply with Policies and Procedures, 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 required if 18 years or older)

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