

## Special Teams for Exceptional People 2017 Member Registration Form (Group Home)

Registration covers each member from May 1<sup>st</sup>, 2017 to April 30<sup>th</sup>, 2018.

- Membership fees are: \$75.00 per member / Wheelchair members are FREE

( <u>Staff Only</u> )	Cash	Check	Money Order
Date of Payment:			
Check / Receipt #			

**Member Name:** \_\_\_\_\_

**Please circle one:**      Male      Female      **Non-Verbal?:**      Yes      No

**Date of Birth:**      \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **1:1 Help Required?:**      Yes      No

All members that require 1:1 help must be accompanied by a parent/guardian or care taker at all times.

### Group Home Contact Information

**Company Name:** \_\_\_\_\_

**Director Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City and State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Director Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email Address:** \_\_\_\_\_

### Parent / Guardian Contact Information

**Name of Parent/Guardian:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City and State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_      **Cell Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**How do you want to receive phone blasts (please circle one):**      Home #      Cell #

**Email Address:** \_\_\_\_\_

### Census Information

As part of our fundraising efforts we apply for many grants during the year. Please help us get to know our athletes a little more so that we can increase our chances of being awarded these grants.

**What disability does  
your child have?:** \_\_\_\_\_

**What school does your  
child attend?:** \_\_\_\_\_

## Code of Conduct

I acknowledge "Article 3, Section 1" of the bylaws titled "Conduct" and accept responsibility for the actions of my family and friends when participating in activities organized by S.T.E.P.

1. Rules of Conduct:

- a. All members will, at all times:
  - i. Conduct themselves in a courteous and proper manner during all games and events.
  - ii. Make a reasonable attempt to control unruly crowds or spectators.
  - iii. Abide by and be responsible for knowing the rules and regulations of the organization.
  - iv. Respect the chain of command that is in place. Any issues that arise should:
    1. 1st: Be brought to the attention of the coach.
      - a. If no resolution can be made then:
    2. 2nd: Be brought to the attention of the Sports Director.
      - a. If no resolution can be made then:
    3. Be brought to the attention of the Board of Directors.
  - v. All incidents, medical, physical, improper or inappropriate behavior requires a written incident report and is to be filed with the Board of Directors by the complainants.
    1. Incident forms will be made available to all members through the S.T.E.P. website or upon request.

In addition to the excerpt above, a standard "no drop-off policy" is in effect during all sports leagues, social events, fundraisers, and any other event coordinated by S.T.E.P. and held at all venues we visit for all members that are:

- A minor (age 17 and under)
- An adult (age 18 and up) that is not their own legal guardian

**Parent/Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Photography / Video Release

By signing this form you grant permission for S.T.E.P. to take photos and record video of your son/daughter and their siblings at any event organized by S.T.E.P. The photos/video may be for use on our website, social media accounts, and printed media. S.T.E.P. is not responsible if your son/daughter is captured while someone else is taking pictures/video.

**Do you grant S.T.E.P. permission to take photos/video of your son/daughter as described above? (please circle one):**

Yes

No

**Parent/Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Special Teams for Exceptional People 2017 Sports Permission Form

Please fill out and return to S.T.E.P. with your registration form:

**Member Name:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

What sports programs would you like to register your son/daughter for? (check all that apply)			
Team Sports (recommended *age 6 and up)		Group Sports (open to all ages)	
	Baseball		Bowling
	Basketball		Cheerleading
	Flag Football		Mini-Golf
	Floor Hockey		Fitness
	Kickball		Karate
	Volleyball		Skiing
			Swimming
(* = children younger than 6 years old may participate when joined by a parent/guardian)			Tennis
			Track & Field

Please choose a size for your uniform							
<b>Shirt (choose one)</b>	<b>Child</b>	Small	Medium	Large	---	---	---
	<b>Adult</b>	Small	Medium	Large	X-Large	XX-Large	XXX-Large
<b>Shorts/ Pants (choose one)</b>	<b>Child</b>	Small	Medium	Large	---	---	---
	<b>Adult</b>	Small	Medium	Large	X-Large	XX-Large	XXX-Large

**Please note:** By signing above, you accept that you are responsible for the care of all uniforms provided by STEP. If the uniform is for a seasonal sport you need to return it. All uniforms must be returned in the same condition when they were issued. Otherwise you may be billed so that we can replace any damaged or lost uniforms.

## Special Teams for Exceptional People 2017 Volunteer Information Form

One of the reasons STEP is able to offer so many wonderful programs is because we have parents, grandparents, siblings and friends who are willing to volunteer their time to help. Without people to coach a sport, work at a fundraiser, or setup on family day we simply could not exist. It doesn't take much to help keep things running for our athletes. All it takes is an hour a week during an athletic event, a few hours at a fundraiser or family day or maybe a little more as a Board Member.

When more people work together it makes the load lighter for everyone. This is where you come in. It is not a requirement that you volunteer but it is requested and greatly appreciated. Please consider this and check off any areas you may be interested in.

### Sports: (check all that apply)

I would be interested in: ☐ Helping athletes on the field / court ☐ Being an Assistant Coach ☐ Being a Head Coach

### Fundraisers: (check all that apply)

I would be interested in: ☐ Seeking out raffle items ☐ Setup / breakdown at venue ☐ Working at raffle / food tables

### Social Events: (check all that apply)

I would be interested in: ☐ Shopping for decorations / gifts ☐ Setup / breakdown at venue ☐ Cooking / serving food

### Board of Directors: (must attend 3 board meetings before running for a position)

Would you consider joining the Board of Directors? ☐ Yes ☐ No

### How can we contact you?

Your Name: _____	Athlete Name: _____
Phone #: _____	Email: _____