### **Special Teams for Exceptional People 2018 Member Registration Form (Residential)**

Registration covers each member from May 1<sup>st</sup>, 2018 to April 30<sup>th</sup>, 2019. ~PLEASE PRINT~

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

( Staff Only )	Ca	ısh	Check		Money O	rder
Payment Rec'd on:						
Check/Receipt #						
nber Name:						
Please circle one:	Male	Female	Non-Ve	rbal?:	Yes	No
e of Birth:/ _	//		1:1 Help Requ	ired?:	Yes	No
All members to	hat require 1:	1 help must	be accompanied by	/ a parent	or guardia	n at all tim
Sibling: Name of						
Home Address: _						
y and State:			Zip	Code:		
me Phone #: (	)		Cell Phone #:	(	_)	·
w do you want to recei	ive phone b	lasts (please	e circle one):	Home #		Cell #
ail Address:				<del> </del>		
art of our fundraising ef		Census In	<u>formation</u>			
	Payment Rec'd on:  Check/Receipt #  Inber Name:  Please circle one:  of Birth:  All members t  Name of Parent/Guardian: Name of Sibling: Name of Sibling: Home Address:  y and State: me Phone #:  w do you want to rece ail Address:	Payment Rec'd on:  Check/Receipt #  Inber Name:  Please circle one:  All members that require 1:  Parent /  Name of Parent/Guardian: Name of Sibling: Name of Sibling: Home Address:  y and State:  me Phone #: ()  w do you want to receive phone black the process of the process	Payment Rec'd on:  Check/Receipt #  The property of the proper	Payment Rec'd on:  Check/Receipt #  Inber Name:  Please circle one: Male Female Non-Vere of Birth:/ 1:1 Help Reque  All members that require 1:1 help must be accompanied by Parent/Guardian:  Name of Parent/Guardian:  Name of Sibling: Name of Sibling: Home Address: Zip  me Phone #: () Cell Phone #:  w do you want to receive phone blasts (please circle one):	Payment Rec'd on:  Check/Receipt #  The please circle one: Male Female Non-Verbal?:  Please circle one: Male Female Non-Verbal?:  All members that require 1:1 help must be accompanied by a parent Parent / Guardian Contact Information  Name of Parent/Guardian:  Name of Sibling:  Name of Sibling:  Home Address:  Ty and State: Zip Code:  The phone #: (	Payment Rec'd on:  Check/Receipt #  Inber Name:  Please circle one: Male Female Non-Verbal?: Yes  of Birth: / 1:1 Help Required?: Yes  All members that require 1:1 help must be accompanied by a parent or guardian Parent / Guardian Contact Information  Name of Parent/Guardian:  Name of Sibling:  Name of Sibling:  Home Address:  y and State: Zip Code:  w do you want to receive phone blasts (please circle one): Home #  ail Address:

What disability does your child have?: What school does your

child attend?:

#### **Code of Conduct**

I acknowledge "Article 3, Section 3" of the bylaws titled "Conduct" (copied below) and accept responsibility for the actions of my family and friends when participating in activities organized by S.T.E.P. I also acknowledge that I have received a copy of the "Code of Conduct" policy and accept responsibility for the actions of myself and child.

- 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.
  - b. All athletes will, at all times:
    - i. Conduct themselves in a courteous and proper manner during all games and events.
    - ii. Avoid causing damage or harm to their fellow athletes, to the facilities we visit, and to the equipment we use.
    - iii. Display the use of good sportsmanship.
- 2. Members are to respect the chain of command that is in place. Any questions, suggestions, or issues that arise should:
  - a. Be brought to the attention of the head coach or responsible event staff.
    - i. If no resolution can be made then:
  - Be brought to the attention of the Sports Director, Social Events Coordinator, or Fundraising Coordinator.
    - i. If no resolution can be made then:
  - c. Be brought to the attention of the Board of Directors.
- 3. All incidents whether medical, physical, improper or inappropriate behavior requires a written incident report to be filed with the Board of Directors by the complainant.
  - a. Incident forms will be made available to all members 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. son/daughte	Yes	No	
Parent/Guardian:			
Signature:			
Date:	_//		

# Special Teams for Exceptional People 2018 Sports Permission Form

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

Member Name:	
Parent/Guardian:	
Signature:	

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	Tennis		
participate when joined by a parent/guardian)	Track & Field		

Please choose a size for your uniform							
Shirt (choose one)	Child	Small	Medium	Large			
	Adult	Small	Medium	Large	X-Large	XX-Large	XXX-Large
Shorts/ Pants (choose one)	Child	Small	Medium	Large			
	Adult	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 2018 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 inte	erested in:  Helping athletes on the field / court  Being an Assistant Coach  Being a Head Coach				
	Fundraisers: (check all that apply)				
I would be inte	erested in:  Seeking out raffle items  Setup / breakdown at venue  Working at raffle / food tables				
Social Events: (check all that apply)					
I would be inte	erested in:  Shopping for decorations / gifts  Setup / breakdown at venue  Cooking / serving food				
Boar	d 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	Athlete				
Name:	Name: 				
Phone #:	Email:				