

Special Teams for Exceptional People 2026/2027 Member Registration Form

Registration covers each member from April 1 2026 to March 1 2027

PLEASE PRINT Membership fees are: \$75.00 per member

(Staff Only)	Cash	Check	Money Order
Payment Rec'd on:			
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 or guardian at all times.

Parent / Guardian Contact Information

Name of Parent/Guardian: _____

Name of Sibling: _____

Name of Sibling: _____

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 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 the 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:
 - b. 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

***Bowling starts at 10:00am arrive at that time.**

***Arrive no later than 10 minutes past the time for the sports.**

Parent/Guardian: _____

Signature: _____

Date: ____ / ____ / _____

Special Teams for Exceptional People 2026/2027 Sports Permission Form

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

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)	
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Bowling
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Dance Movement
<input type="checkbox"/>	Flag Football	<input type="checkbox"/>	Mini-Golf
<input type="checkbox"/>	Floor Hockey	<input type="checkbox"/>	Fitness
<input type="checkbox"/>	Yoga	<input type="checkbox"/>	Karate
<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Cardio Drumming
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Matball
(* = children younger than 6 years old may participate when joined by a parent/guardian)		<input type="checkbox"/>	Indoor Summer Games
		<input type="checkbox"/>	Cornhole

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 2026/2027 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: _____ Phone #: _____	Athlete Name: _____ Email: _____
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Special Teams for Exceptional People WAIVER OF LIABILITY

1. I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Special Teams for Exceptional People, the Board of Directors, their venue hosts, sponsors, or volunteers (herein after referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

2. I am fully aware of the risks and hazards connected with any activities coordinated by the RELEASEES, and I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand the RELEASEES do not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES.

IN SIGNING THIS AGREEMENT, I AGKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Parent/Guardian Name (Print): _____ For Member Name (Print): _____

Parent/Guardian Name (Sign): _____ Date _____