

## Special Teams for Exceptional People 2024 /2025

### Member Registration Form: (Group Home)

Registration covers each member from April.1.2024 through March.1.2025

**~PLEASE PRINT~**

1. Membership fees are: \$75.00 per member

| Staff Only        | 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?

\_\_\_\_\_

**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 ACKNOWLEDGE 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:



## 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

### 2023/2024 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) |                 |
|   | Baseball      |                                 | Bowling         |
|   | Basketball    |                                 | Dance Movement  |
|   | Flag Football |                                 | Mini-Golf       |
|   | Floor Hockey  |                                 | Fitness         |
|   | Yoga          |                                 | Karate          |
|   | Volleyball    |                                 | Cardio Drumming |
|   | Soccer        |                                 | Swimming        |
| (* = children younger than 6 years old may participate when joined by a parent/guardian)      |               |                                 | outdoor sports  |



# S.T.E.P.

## *Special Teams for Exceptional People*

- Athletes who arrive more than 10 minutes late for a team-based sport will not be allowed to participate on that day.
- Athletes who arrive late WILL NOT BE ABLE TO BOWL.

### Participation:

- If for any reason a Group Home Athlete does not wish to participate in the activity, they must remain on the sideline with their Group Home Caretaker, or leave the event.
- **For the safety of all involved, STEP cannot have individuals roaming onto the field or court if they are not playing the sport.**
- **Moving forward, any time we see a group home resident be unsupervised, one of our coaches will be looking for the staff member responsible for that individual and remind them of our policy. If they refuse to assist their resident, an incident form will be filled out and turned into our Board of Directors. If this continues to be a problem, that individual may be asked to leave.**

### Agitated/Upset:

- If at any point a Group Home Athlete becomes agitated or upset and starts to lash out, their Group Home Caretaker must remove them from the field or court.
- If the Group Home Caretaker is able to calm the Group Home Athlete, the Group Home Athlete can return to play.
- If the Group Home Athlete is unable to calm the Group Home Athlete, The Group Home Caretaker must remove the Group Home Athlete and they can return the following week.

### Inappropriate Verbal Contact:

- Inappropriate contact, such as unwanted sexual comments/gestures or threats of violence made by a Group Home Athlete, will automatically incur a 2 week suspension from the date of the 'incident'.



# S.T.E.P.

## *Special Teams for Exceptional People*

- An 'incident report' may be filed by the affected parties and/or a coach and turned in to the Board of Directors for their records.

### Physical Contact or Act of Violence:

- Any physical contact or act of violence by a Group Home Athlete or Group Home Caretaker made against any other athlete or parent/guardian/caretaker **will not** be tolerated.
- Acts of violence will automatically incur a **4 week suspension** from the date of the 'incident'.
- An 'incident report' may be filed by the affected parties and/or a coach and turned in to the Board of Directors for their records.

### **NOTE:**

Depending on the nature of a reported 'incident', any suspension may be extended following a review by the Board of Directors. Furthermore, anyone suspended for acts of physical violence may be subject to removal from STEP, Inc. in conjunction with Article 10, Section 1 of the STEP, Inc. Organization Bylaws titled "Complaints".

Acknowledgment by Group Home:

\_\_\_\_\_ Group Home Name

\_\_\_\_\_  
Group Home Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caretaker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_



# S.T.E.P.

*Special Teams for Exceptional People*

Caretaker Signature

Date

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Caretaker Signature

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Date

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Caretaker Signature

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Date

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Caretaker Signature

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Date