



Abilities Movement, Inc.

Adapted Sports Registration Form:

Participant Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address:(Full mailing address)\_\_\_\_\_

Contacts- Home #:\_\_\_\_\_ Cell#:\_\_\_\_\_

Email: \_\_\_\_\_ Participant Preferred Pronouns: \_\_\_\_\_

Emergency Contact:\_\_\_\_\_ Emergency Contact Phone Number:\_\_\_\_\_

Preferred Contact for Program, Billing, and Registration Information (name, email, phone number):

Program Registration: Please indicate what programs you would be registering for or interested in.

Programs Interested in:\_\_\_\_\_

Participant Survey: Please complete this form once a year. It will be used for developing the best program plan around each participant. Please complete all areas to the best of your abilities.

1. Documented Disability:\_\_\_\_\_

2. Areas of Interest/Dislikes:\_\_\_\_\_

Communication:  Verbal  Non Verbal, communication used:\_\_\_\_\_

3. Level of Mobility: Please check one  Ambulatory  Ambulatory / Assistive Devices  Manual/Power Wheelchair(Self-Propelled)  Wheelchair (Assistance Needed)

4. Level of Support Needed: check one:  Independent  Independent/Some Assistance  1 on 1 Support Needed If 1 on 1 support needed, please describe level of support:\_\_\_\_\_

5. Allergies/Dietary Restrictions:\_\_\_\_\_

6. Other Special Considerations:\_\_\_\_\_

7. Photos  Yes  No (Please see Photo Release form on page 8)





**Abilities Movement, Inc.**

**SERVICE AGREEMENT - Adapted Sports Program**

Abilities Movement, Inc. Services agreement: dated \_\_\_\_\_ BETWEEN:  
\_\_\_\_\_, Participant, Parent or Guardian on behalf of \_\_\_\_\_  
(The "Client")

**-AND- Service Provider: Abilities Movement, Inc. (AM)**

**The following are the terms and conditions that both the service provider and the client will agree upon. The Service Agreement is subject to the items outlined in AM Terms and Conditions 5/1/2022.**

**Services Provided**

- 1. The Parent or Guardian of Client hereby agrees to hire AM to provide the Client with services (the "services") consisting of: Adapted Sports Classes (see class descriptions)
- 2. The Services will also include any other tasks which both AM and the Client may agree on. AM hereby agrees to provide such services to the Client.

**Term of Agreement**

- 3. The term of this Agreement (the "Term") will begin on the date of this Agreement and will remain in full effect until the completion of the Services, subject to earlier termination upon the request of the client. The Term of this Agreement may be extended by mutual written agreement of the Parties.

**Compensation**

- 4. For the services rendered by AM as required by this Agreement, the Client will provide compensation (the "Compensation") to the Service Provider of **the amount listed in the posted course description. Refunds will not be given for classes not attended in a session.**

**Self-Directed Information**

- 5. If community classes are being submitted through a self-directed budget please provide the information below. You must state this when enrolling in AM classes.

Broker Name: \_\_\_\_\_ Financial Intermediary Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal and Confidential - Please return to: Abilities Movement, 144 Fairport Village Landing, # 332



**Notice**

6. All notices, requests, demands or other communications required or permitted by the terms of the Agreement will be given by US Mail and email to the client and Parent/ Guardian and the Service Provider, as follows **(please provide your mailing address):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Abilities Movement  
144 Fairport Village Landing, #332  
Fairport, NY 14450  
[info@abilitiesmovement.org](mailto:info@abilitiesmovement.org)  
(585) 690-4408

**Modification of Agreement**

7. Any amendment or modification of this Agreement or additional obligation assumed by either Party in connection with this Agreement will only be binding if evidenced in writing signed by each Party or an authorized representative of each Party.

**Assignment**

8. Abilities Movement will not voluntarily or by operation of law assign or transfer its obligations under this Agreement without the prior written consent of the Parent or Guardian of Client.

**Agreement**

I agree to the terms of this Service Agreement and attest that the above information is accurate to the best of my knowledge. I agree to contact Abilities Movement, Inc. in the even any of this information changes.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Guardian Signature, If under 18)

\_\_\_\_\_  
Abilities Movement, Inc.

\_\_\_\_\_  
(Service Provider Signature)



## Abilities Movement, Inc. (AM)

### Adapted Sports Program - Terms and Conditions – 5/1/2022

#### Sessions

1. Sessions are billed individually and are calculated according to the number of classes per session
2. Sessions may be used for assessment, observation, or game play according to the coach's judgement of what would be beneficial.

#### Fees

4. Sessions are charged at the rate outlined in the signed Service Agreement and listed on the course descriptions.
5. Sessions are paid for in full and are not prorated for any missed classes that are due to a participant not attending. Service Provider will make all reasonable attempts to provide classes at all scheduled times. If the Service Provider cancels a class, the class may be rescheduled. Parent or Guardian of Client will be notified as soon as possible of any need for cancellation and the reschedule date. Clients will not be billed for any sessions that are cancelled by AM and not rescheduled by the Coach.
6. Fees are subject to annual increases to reflect the cost of living. Existing clients will be given 4 weeks notice of any changes in fees. Fee changes do not affect sessions which have already been invoiced.

#### Payment

7. Invoices will be provided to the bill-payer at the start of each session.
8. Payment for invoices is required upon the start of the session in order for the participant to participate in the session.
9. Payment is accepted by cash, check, credit card, or bank transfer. Bank transfers must use the invoice number as the reference for the payment.
10. If payment is to be made through a Self-Directed Plan or other funding source (grant, scholarship, gift), the Client must inform AM in writing with the complete contact information (agency, name, mailing address, email address, phone number) for billing, prior to the start of services. Invoices will be sent to the responsible party listed. Participants will be copied in on all billing emails.
11. **The client and parent/guardian will be responsible to assure there are funds approved and available in the Self Directed Plan or other funding source budget for services. The client and parent/guardian will be required to pay for the service directly if payment from the funding source is refused for any reason or if payment is more than 8 weeks late.**

#### Non-Payment

Failure to settle invoices within the timescales detailed above will result in the following process:



12. The bill-payer will be contacted with a friendly telephone call to remind him/her that payment is due. At this time payment is expected or a payment plan that is agreed upon by both the Client and the provider will be created, signed, and implemented
13. If payment or an agreed-upon payment plan is not received within 7 days of the date of this phone call, a letter will be sent to the bill-payer reminding him/her that payment is due, and specifying that a debt collector will be involved if payment is not received within 7 days of the date of the letter. Participation in the class will be stopped as of the date of this letter and will not commence until receipt of payment. There will be no credit for classes missed due to non-payment.
14. If payment is not received within 7 days of the date of the letter, then the non-payment will be referred to a debt collection service.
15. AM encourages all Clients to reach out to us to make a payment plan, if there is a challenge in paying for billed services.

**Incidents/Accidents**

16. AM makes every effort to assure the safety of Clients. Parents/Guardians will be notified of any incidents or accidents which may occur and will be provided with a copy of the AM incident report completed relative to the situation.

**Communication**

17. Clients will update AM with any changes to mail, email, phone numbers, or financially responsible contact information.
18. The client and our parent/guardians will allow Abilities Movement to communicate with the individual's Service Coordinator and other team members that will be useful for providing our service. AM will have access to the client's information that including past goals, IFSP, and other information relevant to AM serving the client.

**Modification of Terms of Service**

19. Any amendment or modification of these Terms and Conditions will only be binding if evidenced in writing signed by each Party or an authorized representative of each Party.

I have read and agree to the terms presented in the Terms and Conditions document, dated 12/1/2022:

\_\_\_\_\_  
(Print Client Name)

\_\_\_\_\_  
(Print Name of Parent or Guardian, if applicable)

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Signature of Parent or Guardian, if applicable)

\_\_\_\_\_  
(Date)



## Abilities Movement, Inc.

### Adapted Sports Photo Release Form

Abilities Movement, Inc. (AM) engages in marketing efforts to promote community connections and awareness, in order to provide our services. Participants can help in these efforts by agreeing to the use of photos and videos for the purpose of sharing AM’s services with the community.

I hereby grant the Abilities Movement, Inc. permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration. This Photo Release form will be in effect for one calendar year from the date of signature.

I understand and agree that all photos will become the property of Abilities Movement, Inc. and will not be returned.

I hereby irrevocably authorize Abilities Movement, Inc. to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge Abilities Movement, Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

- Photo release: I give AM permission to use any photos taken at events for advertising purposes.
- I DO NOT give AM permission to use any photos taken at events for advertising purposes.

**Please check or circle one option. Please note your choice on the first page of the Registration Form.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (If under 18)