

## Rowan County Parks and Recreation Department Therapeutic Recreation Division- Program Participation Form

Participant name:	e: DOB: Gender: Male Femal sisted living other:		
Residence:alone tamily group home as Address:	sisted living  other:		
Address:	<u> </u>		
	City: Zip:		
nome priorie: Cell priorie: Cell priorie:	E-mail:		
Francisco Contract / Polarianship	Phone:		
	Phone:		
self transportationtransported by other:vectors employedschoolworkshopvectors	olunteer other:		
DISABILITY (please check all that applies)			
	_asperger's syndromeADD/ADHD		
	visually impairedspina bifida		
	atic brain injuryspinal cord injury		
	ross motor delayspeech		
muscular dystrophybehav	ioral health:		
multiple sclerosislearnin	ng disability:		
other:			
MEDICAL INFORMATION       (please check all that applies)        asthmadiabetesarthritisHBP        allergies(type:, epi pen?yes no)         seizures, type:	PERSONAL/SOCIAL SKILLS (please circle all that applies) eating/drinking: with or without assistance bathroom: with or without prompting or assistance		
frequency:date of last:			
seizure triggers:	communication: verbal written pics electronic signing		
seizure characteristics:	function: independent with supervision need 1:1 wander small groups large groups		
best way to assist if seizure occurs:			
medications (including asthma inhalers):	typical mood: friendly cooperative flat resistive aggressive shy/withdraw		
	dislikes/fears/sensitivities:		
medical recommendations, physical restrictions, and/or activities in which participation is prohibited?	how to redirect unacceptable behavior or provide reinforcement:		
diet restrictions:	recreation/leisure activities:		
assistive devices:noneglasseshearing aidscanewalkercrutches	recreation/leisure activities would like to try:		
scooter wheelchair (manual or electric)other:	comfortable in water non-swimmer swimmer		

## **PROGRAM INFORMATION:**

Registered for transportation, if so, what program:  **make sure transportation referral form is completed and forward to Rowan Transit System**  PARTICIPATION AGREEMENT:  I hereby give permission for photographs, stories and recordings of myself and/or my child/client to be used for educational or promotional pur Yes No Initials  I grant permission to the Therapeutic Recreation Division to contact school, teacher, physician, employer and/or provider for the purpose of ga or relocaing information regarding the participant. The information will be used to implement the most effective plan in providing their recreation programs and services. All information will be kept confidential.  Yes No Initials  I understand that renewed of this form is required annually for me or my child/felten to participate in TR Division programs. During the term of this form, I agree to notify steff of changes to any information, prior to participation.  Behavior Expectations Policy:  Appropriate social behavior is required during all programs. The staff and volunteers will do their best to ensure a safe and enjoyable experiented by all involved in the TR programs. All participants are expected to demonstrate appropriate behaviors, which includes.  I independently perform self care activities was do shaving ability to use restroom without supervision or minimal assistance.  2. Able to listen and follow directions  3. Interact with others in a socially appropriate manner  4. Not leave or run away from staff.  If a participant's behavior is disruptive and/or aggressive toward the group, self, or individual (i.e. another participant, volunteer, or sto participant will be removed from the program. Depending on the severity, a behavior plan may be created. The plan may include by management refembliques, temporary suspension from the program, per permanent errowal from the program. Sungines of distruptive and/or aggressive toward the group, self, or individual (i.e. another participant, volunteer, or sto participant will be removed from th	Program	Time/Day	Frequency	Comments
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Please read this form carefully and be aware in registering yourself or your participant/ward for participation in the Therapeutic Recreation Department, you will be waiving and releasing all claims for injuries you or your participant/ ward might sustain arising out of said program(s).  I recognize and acknowledge that there are certain risks of physical injury to participants in a program, and I agree to assume the full risk injuries, damages or loss regardless of severity which I or my participant/ward may sustain as a result of participating in any and all acconnected with or associated with such program. I agree to waive and relinquish all claims I or my participant/ward may have as a reparticipating in the program against Rowan County, the Rowan County Parks & Recreation Department, Therapeutic Recreation Division officers, agents, servants and employees. I do hereby fully release and discharge Rowan County, the Rowan County Parks & Recreation Departicipant/ward may have or which may accrue to me or my participant/ward and arising out of, connected with, or in any way associated vactivities of the program. I further agree to indemnify and hold harmless and defend Rowan County, the Rowan County Parks & Rec Department, Therapeutic Recreation Division and its officers, agents, servants, and employees from any and all claims resulting from injuries, da and losses sustained by me or my participant/ward arising out of, connected with, or in any way associated with the activities of the program event of any emergency, I authorize Rowan County, the Rowan County Parks & Recreation Department, Therapeutic Recreation Division to secure any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my participant/ward's immediate categories that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the Program Details, Vand Release of All Claims and Permission to Secure Treatment.	VAVAIVED OF HABILITY AND DELEASE OF AL	II CLAIMS		
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	Participant signature:		Date:	
Parent/Guardian/Staff signature:				

TR Division Staff signature: \_\_\_\_\_\_ Date: \_\_\_\_\_