PARTICIPANT INFORMATION FORM

Please complete this form in full, sign the release of information, and return to Boise Parks and Recreation Adaptive Recreation Services 700 Robbins Road Boise, ID 83702. If you need help with this form, please contact Adaptive Recreation at:
Phone: (208) 608-7680 TTY: 1-800-377-3529 Fax: (208) 608-7699

Information from this registration form is intended to inform the Adapted Recreation Staff, as needed, regarding any medical conditions and/or special needs and abilities of individuals participating in an AdVenture program. It is important for your well being and safety to fill out this form completely as it will help staff provide quality programs.

Name: ____

Address:______________________________City__________ Zip__________

Phone: (day)______________(night)______________(Cell)______________

E-mail: ____

Date of Birth: ______________Age: ______________ Gender: ☐ Male ☐ Female

Primary Disability: ______________Secondary Disability: ______________

I do not have a disability_______

Please complete this section if you are under age 18 or live in an assisted living situation with a relative, foster parent, or in a residential facility/home.

Names of parent(s), home provider, or primary contact: ______________________

Address: ____

Phone:(day)______________(night)______________ (cell) ______________

EMERGENCY INFORMATION

In case of a medical emergency, who should be contacted?

Name: ______________________ Phone: ______________________

Medical insurance policy carrier: ______________________

Medical insurance policy Group#______________________ ID# ______________________

Primary Doctor's Name: ______________________Phone: ______________________

HEALTH INFORMATION

Do you have any allergies that might require medical treatment? -- ☐ Yes ☐ No

If yes, please describe them and treatment required: ______________________

Do you take any medication(s) that we need to be aware of?--- ☐ Yes ☐ No

Please list medication and reason for medication (attach additional sheet if needed) ______________________

____

Are you able to take your medication independently? -- ☐ Yes ☐ No

Do you have seizures?-- ☐ Yes ☐ No

If yes, please describe type, frequency, and any information that would be helpful in treating you during or after a seizure:

____

Do you have any health conditions, chronic pain, or illnesses that could affect your ability to participate fully?--------- ☐ Yes ☐ No

If yes, please describe: ____

Are you a carrier of a chronic communicable disease?--- ☐ Yes ☐ No

If yes, please describe the condition: ____

Please list any activities which you can not participate in due to medical reasons: ______________________________

____

Do you have Down Syndrome? If no, skip to Mobility Information. --- ☐ Yes ☐ No

If yes, have you been tested for Atlantoaxial Instability? --- ☐ Yes ☐ No

If yes, were the tests positive? --- ☐ Yes ☐ No

MOBILITY INFORMATION

Do you walk independently? -- ☐ Yes ☐ No

If yes, skip to Personal Care Information.

What assistive devices do you use for walking? ☐ cane ☐ walker ☐ crutches ☐scooter ☐ wheelchair

Do you use the equipment independently?--- ☐ Yes ☐ No

If you use a wheelchair, is it ☐ electric or ☐ manual

Are you willing/able to transfer?--- ☐ Yes ☐ No

If no, please explain: ____

PERSONAL CARE INFORMATION

☐ Yes ☐ No Needs assistance in the bathroom ☐ Yes ☐ No Needs help locating personal clothing

☐ Yes ☐ No Needs assistance in eating ☐ Yes ☐ No Needs assistance in dressing

If you require assistance for personal care, will you be bringing a personal aide to assist you?---------------------------- ☐ Yes ☐ No

DIETARY INFORMATION

Do you have a special diet, dietary restrictions, or any food that may cause behavioral change?-------------------------- ☐ Yes ☐ No

If yes, please explain: ____

Do you have any issues around food that we need to be aware of? --- ☐ Yes ☐ No

If yes, please explain: ____

Is it okay for you consume caffeinated beverages?-- ☐ Yes ☐ No

Please explain any food allergies that you may have? ____

____

COMMUNICATION INFORMATION

Is English your primary language?-- ☐ Yes ☐ No

If no, what is your primary language? ____

Do you use verbal language?-- ☐ Yes ☐ No

If no, please indicate your primary form of language? ☐ communication board ☐ sign language ☐pictures

☐ Other: (please explain): ____

Please use the following space to provide any information that would be helpful in communicating with you:

____

____

SAFETY INFORMATION

☐ Yes ☐ No Independent in the community

☐ Yes ☐ No Wanders or leaves a group

☐ Yes ☐ No Responsible for your belongings

☐ Yes ☐ No Will take other's belongings

☐ Yes ☐ No Stays with the group

☐ Yes ☐ No Able to be left alone

☐ Yes ☐ No Will ask for assistance when necessary

☐ Yes ☐ No Unable to communicate needs

☐ Yes ☐ No Can recognize danger

☐ Yes ☐ No Puts self at risk

Due to health and safety concerns, I will be bringing an additional staff or assistant with me.------------------------------ ☐ Yes ☐ No

Please use the following space to explain any of the above or to provide additional information that may be helpful for staff:

____

____

Are there any behavioral/personality concerns that we need to be aware of?-- ☐ Yes ☐ No

If yes, please explain: ____

____

____

Do you have a behavior plan?-- ☐ Yes ☐ No

Explain methods or ways that encourage or motivate you to fully participate: _____________________________________

____

____

Describe any fears or issues that might explain your unwillingness to engage in certain activities:_______________________

____

Are there any settings or activities that might cause distress or unease for you such as noise, machines, lights, smells, animals, etc?

____

____

Please indicate anything else that we need to be aware of concerning stimuli or conditions that could adversely affect your well being or ability to enjoy activities:____

____

The best staff to participant ratio for me is: ☐ 1 to 1 ☐ 1 to 3 ☐ 1 to 6 ☐ 1 to 10 ☐ 1 to 15

SWIMMING INFORMATION

☐ Yes ☐ No	Needs 1:1 assistance in water		☐ Yes ☐ No	Comfortable in water
☐ Yes ☐ No	Independent and safe in water		☐ Yes ☐ No	Able to swim/move in water
☐ Yes ☐ No	Needs flotation vest for safety		☐ Yes ☐ No	Can swim 25 yards unassisted

INTERESTS

What activities does the participant particularly enjoy?______________________________

What activities does the participant dislike?______________________________

What would the participant like to gain from the program?______________________________

RELEASE OF INFORMATION

THIS IS A LEGAL DOCUMENT, PLEASE READ CAREFULLY, SIGNATURE IS NEEDED IN ORDER TO PARTICIPATE

Prescription Medication ☐ Yes ☐ No
I give permission to Boise Parks and Recreation Staff to assist me (holding and presenting) in taking prescription medication if needed during an activity. I will bring the medication in its original prescription vial showing dosage times and amounts.

WAIVER AND LIABILITY RELEASE
I understand that Boise Parks and Recreation Department and AdVenture programs are planned with careful thought, work, prudence, and with the safety of the participants in mind. However, even well supervised recreation activities entail the risk of accidents, illness, or injury. Therefore, I hereby waive all claims which I may have against the City of Boise or any of its officers, agents or employees by reason of injuries which I may suffer from my participation in the program. There is potential for accidents any activity. To minimize your health risks, check with your health care provider to become aware of any health hazards you may be subject to. I give my consent to use any photographs or videotape taken of me in future promotional or marketing materials.

MEDICAL TREATMENT RELEASE
In case of emergency, accident or illness; I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to the be the party responsible for all medical expense which are incurred in my behalf.

Participant: ______________________________ Date: ____________

Parent/Legal Guardian: ______________________________ Date: ____________