



The Arc of Greater Plymouth Recreation Emergency Fact Sheet for Participants

Please print clearly. Make sure to sign the medical release on reverse.

Name: _____ Date of Birth: ____/____/____

Sex: M ___ F ___ Please Describe Disability: _____

Address: _____ City/State/ZIP: _____

Home Phone: () _____ Email: _____

Parent / Guardian: _____

Address: _____ City/State/ZIP: _____

Home Phone: () _____ Email: _____

In case of emergency, please notify:

Contact 1: _____ Phone: () _____

Contact 2: _____ Phone: () _____

Health Insurance Company: _____ Policy# _____

Physician's Name and Phone: _____

Activities of Daily Living:

Communication: ___ Verbal ___ Verbal with adaptive equipment ___ Gestures

___ Sign Language ___ Communication board or book ___ Non-Verbal ___ Other

Comments: _____

Eating: ___ No Assist ___ Partial Assist ___ Total Assist

Comments: _____

Toileting: ___ No Assist ___ Partial Assist ___ Total Assist

Comments: _____

Mobility: ___ Independent ___ With Support ___ Equipment (please specify)

Comments: _____

Please describe any physical restrictions: _____

Significant behavior characteristics: _____

Please describe strategies to promote positive behavior: _____

Safety awareness in community settings: _____

Will you be accompanied by a Personal Care Assistant or family member? Yes ___ No ___

If yes, please contact Recreation so we can make appropriate accommodations.

Participant's Identifying Information:

Eye color: _____

Hair Color: _____

Height: _____

Weight: _____

Identifying Marks: _____

Please attach a recent photograph

Office Use: _____

Medical Information and History

Please let us know if you have any chronic conditions or illnesses that may affect your participation in recreation programs:

	Yes	No
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Stomach Ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain/Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Cramps	<input type="checkbox"/>	<input type="checkbox"/>
Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>
Cold/Heat Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Loss	<input type="checkbox"/>	<input type="checkbox"/>
Vision Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problems/aid	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

If you have checked off "yes" for any of the previous items, please explain below. Include the following:

- What specific symptoms occur
- How often symptom/condition occurs
- How long symptoms/conditions last
- How you care for symptom/condition
- How symptom/condition restricts you

Current Medications:

Allergies (medical or other):

*****Please sign the release form on the back of this sheet and mail to:**

The Arc of Greater Plymouth Recreation
10 Cordage Park Circle, Suite 208
Plymouth, MA 02360

The Arc of Greater Plymouth Recreation
Release Form for Participants

(Please note: Signed release required before individual may participate in any Recreation programs!)

I, the undersigned, represent and warrant that, to the best of my knowledge and belief, I/my ward is physically and mentally able to participate in The Arc of Greater Plymouth Recreation. I understand that if I/my ward have/has Down syndrome, I/he/she cannot participate in sports or events which by their nature result in hyperextensions, radical flexion or direct pressure on the neck or the upper spine (i.e. gymnastics, alpine skiing, diving, equestrian), unless a full radiological examination establishes the absence of Atlantoaxial Instability.

If a medical emergency should arise during participation in any Arc of Greater Plymouth Recreation program and I am not able to give my consent, for whatever reason, I authorize the organizers to take whatever measures are necessary and which it deems advisable to protect my/my ward's health and well being, including but not limited to first aid, ambulance transport, and/or hospitalization.

I have read and fully understand the provisions of the above release and/or have explained the provisions to my ward. I understand that, through my signature of this release form, I am agreeing to the above provisions on my own behalf or on behalf of my ward, and hereby give my permission for my ward to participate in The Arc of Greater Plymouth Recreation.

I for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the sponsors, organizers and any individuals associated with the event, their successors and assigns and will hold them harmless for any and all injuries suffered in connection with The Arc of Greater Plymouth Recreation. I have read and agree with the Recreation Policies found on the registration form.

This form is valid for one year from date of signature.

Signature of participant (if own guardian)

Date

Signature of parent / guardian (if applicable)

Date

Photographic Release

The Arc of Greater Plymouth organizers have my permission to use my/my ward's likeness, name, voice and words in television, radio, film, newspaper, magazines and any other media in any form for promotional or educational purposes.

Please Circle: YES (pictures may be taken and used) NO (do not use)