



Class Participant Information & Liability Waiver

Personal Information			
Individual's Name:	<input type="radio"/> Female <input type="radio"/> Male	Age:	Birth Date:

Primary Emergency Contact Information:			
Parent/Guardian Information:			
Name:			
Address:	Town:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			

Parent/Guardian Information:			
Name:			
Address:	Town:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			

Alternate Emergency Contact Information:			
1) Name:	Relationship:		
Address:	Town:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
2) Name:	Relationship:		
Address:	Town:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	



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This section is optional, but could be beneficial. Responses will not be used to determine participation. ALL AGES, ALL ABILITIES are welcome. The information below will be used, by staff only, to best meet the individual's needs while he/she is participating in Abilities Rec, Inc. programming. All information is kept confidential, so please be as complete as you can if answering. Thank you!

Name: _____ **Date of Birth:** _____

Primary Disability: _____ is there an accompanying cognitive delay? Y N

Secondary Disabilities: _____

Allergies: _____

Adaptive Equipment Utilized: _____ N/A

Highly Preferred items/activities/foods: _____

Dislikes and/or fears that may impact participation: _____

What is this individual's communication style? (circle)

non-verbal strategies verbally (words/short phrases) verbally (sentences)

picture exchange system iPad/tablet app

He/She is able to follow: 1 step directions 2-3 step directions 4+step directions

with visuals (written or picture) verbally



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How would you describe his/her current health? Good _____ Fair _____ Poor _____

Does he/she have a past history of seizures? Yes (please answer following) No

Type of seizures: _____ Current status: active controlled

How often? _____ Typical duration: _____

Date of last seizures: _____

Describe his/her responses before, during, and after a seizure: _____

Does he/she prefer to be around others or on his/her own? _____

Briefly describe his/her typical interactions with both familiar and unfamiliar peers and adults.

Is he/she likely to wander or bolt? Yes No



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Does he/she engage in challenging behaviors, other than wandering and bolting?

Yes (please answer following) No

What are the challenging behavior(s)? 1) _____ 2) _____

3) _____ 4) _____

How often do behavior(s) occur? (hourly, daily, weekly) 1) _____ 2) _____

3) _____ 4) _____

What is the best response to behavior(s) when exhibited?

1) _____

2) _____

3) _____

4) _____

Please describe his/her sensory needs: _____



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In consideration of this application for memberships, birthday parties and all other events, I or my child, release Kevin & Jamie Sousa/Abilities Rec, Inc., its employees, agents, representatives, and other persons or organizations for whose conduct it is responsible from any and all liability, loss, damage, cost, claims and/or causes of action, including but not limited to all bodily injuries and property damages resulting or arising from the use of premises, facilities, or equipment of Abilities Rec, Inc., or caused in any way by Abilities Rec, Inc. employees, agents, representatives, and other persons or organizations for whose conduct it is responsible. I and/or the individual listed below are in the necessary physical condition to participate in the registered activity. I authorize the staff to seek emergency medical care on my behalf or my child if needed. I will assume all costs.

I also give Abilities Rec, Inc. permission to use my child's photo, without posting name or age, for promotional purposes of our program only.

Name of Parent/Guardian

Signature of Parent/Guardian

Participant's Full Name

Date of Birth

Email Address

Phone Number

Date