Program Registration Forms

PARTICIPANTS NAME:_____

First Middle Initial Last

PROGRAM LIFE Group ☐ Camp All-Stars ☐ Evening Group ☐ SNR Sports ☐

DATE OF BIRTH:_____

ADDRESS: _____

Street/PO Box City State Zip

PHONE/EMAIL: _____

Phone Parent Email (program communication and billing)

PAYEE EMAIL (IF APPLICABLE): _____

CARE PROVIDER/PARENT:_____PHONE:_____

EMERGENCY CONTACT:_____PHONE:_____

EMERGENCY CONTACT:_____PHONE:_____

CURRENT LIVING ARRANGEMENTS, CHECK ONE:

IN OWN HOME/APT ☐

PRIVATE HOMEWITH PARENT ☐

GROUP HOME ☐

GROUP HOME NAME AND ADDRESS:

_____

_____

GROUP HOME CONTACT PERSON:

NAME:_____

EMAIL: _____

PHONE: _____

One on One care is defined by SNR as meeting one or more of the following criteria:

1. The participant exhibits behavior problems such as aggression, explosive outbursts, run away.
2. The participant cannot follow simple directions.
3. The participant is not toilet trained.
4. The participant will not remain in a group setting, wanders.
5. The participant cannot perform basic care; walk w/o assistance, feed themselves, etc.

Will your participant require one on one care? YES ☐ NO ☐
(this is not provided by SNR)
One on One contact number: _____

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Check all that apply and provide details if necessary (ex: easily fatigued, wanders, feeding or toileting assistance, etc.)

	ADD/ADHD	
	Amputee/Adapt Equip	
	Autism	
	Blind	
	Brain Injury	
	Cerebral Palsy	
	Deaf	
	Diabetes	
	Down Syndrome	
	Epilepsy	
	Heart Problems	
	Learning Disability	
	Multiple Sclerosis	
	Living w/Paralysis	
	Non-Verbal	
	Seizures	
	Wheelchair Restricted	

	*One on one required	

Other Diagnosis or Condition:

_____

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Allergies: Please list all whether animal, food, drug, or insect and if Epi pen is required.

Medications: Please list all and provide any that need to be administered during SNR participation.

Behavior Issues: Please list any behaviors that could hinder the safety of the participant or others.

Please tell us about your participants: Their likes, dislikes, or triggers as well as calming techniques?

Is there any social or leisure skill you would like us to work on with your participant?

Additional information you would like us to know:

_____

www.snridaho.org Specialized Needs Recreation PO BOX 2451 CDA, ID. 83815 208.755.6781

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PAYMENTS AND PENALTIES

SNR is a non-profit 501(c)(3) that was created to develop, support, and enhance programs of recreation, leisure, and enrichment for individuals with special needs. We fund this program with grants and donations, both public and private, and yet that still does not cover 100% of our operating costs. Every effort is made to keep the cost of this program minimal for our participants and their families. The following is our payment policy: (Initial all)

_____ There is a one-time **$25 registration fee** for new participants and an **annual $10 renewal fee** for current participants added to October invoices.

_____ Costs vary per event. Account statements are sent out at the end of the month.

_____ Payments are due 30 days from statement date, payable via check.

_____ There is a late pick-up fee of **$5.00 every 15 min you are late**.

Please submit account statements to the following email:

_____

ORGANIZATIONAL FUNDING

Data collected from the following questions could improve our eligibility for grants, donations, and the Community Reinvestment Act. Your assistance is appreciated, but not required:

YES **NO**

☐ ☐ If you are a minor and under the age of 18 years old, do you receive, qualify and/or collect the Katie Becket Waiver in the State of Idaho?

☐ ☐ If you are over the age of 18, age do you receive, qualify, or collect Medicaid benefits?

☐ ☐ If you are over the age of 18, do you receive, qualify, or collect Social Security benefits?

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AGREEMENT STATEMENT

I am aware that participation in recreational activities may have hazards both obvious and latent which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the events take place. I fully accept and assume all such risks and all responsibility for losses, cost, and/or damages I may incur because of my participation. I also understand that Specialized Needs Recreation has no medical insurance to cover medical expenses and all medical costs are my responsibility.

I hereby release, discharge, and hold harmless Specialized Needs Recreation, all staff, directors, administrators, and volunteers in any/all programs sponsored by Specialized Needs Recreation. I also release, discharge, and hold harmless, any person transporting me before, during and/or after such activities.

If during my participation in Specialized Needs Recreation activities I should need emergency medical treatment and I am not able to give my consent or make my own arrangement for that treatment, I authorize Specialized Needs Recreation to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I also give permission for **pictures and/or videos** of myself to be used by Specialized Needs Recreation and any other group they approve of for public relations purposes.

I have read this "Release of Waiver and Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

_____

SIGNATURE OF PARTICIPANT DATE

_____

SIGNATURE OF GUARDIAN/PARENT/CARE PROVIDER (if applicable) DATE

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CODE OF CONDUCT

SNR's recreation programs are designed to offer participants an opportunity to meet other people with similar interests and try out an activity in a fun and safe environment. To ensure that this is an enjoyable opportunity we have established a mandatory Code of Conduct for all individuals (this includes but is not limited to: participants, parents, siblings, care givers, volunteers, board members and employees) who attend and participate Specialized Needs Recreation (SNR) in any capacity. Participation in SNR and our programs is strictly voluntary and at the discretion of SNR and its Executive Board. Your signature(s) below are your implied and informed consent that the Code of Conduct is understood and will be followed while participating in SNR activities and events. The Code of Conduct is outlined below:

- All individuals will communicate in an appropriate and respectful manner. Inappropriate tone of voice, foul language and bullying are not allowed.
- Handholding, kissing or any form of sexual touch are not allowed.
- Clothing or other personal items (including cell phones and videos) that have offensive content are not allowed at SNR programs or events.

All individuals can bring electronic devices such as iPods, hand held computer games, MP3 players, and cell phones. SNR will not be responsible for any damage, loss or theft of these devices or any accessories associated with them. If such device(s) are disruptive to others you will be asked to put them away. Using these devices to show or watch inappropriate content is not allowed. This also includes the sending of any inappropriate messages (text, snapchat, etc.) to others that participate in SNR.

- All individuals will behave in a way that does not endanger themselves or others' health and safety.
- There will be no stealing, damaging, or failing to care for SNR and its property or that of the communities, businesses, or homes that may be visited during an SNR sponsored event. Showing respect for all property is expected.
- The possession or use of illegal substances, tobacco, or alcohol is prohibited while at SNR or during a SNR community sponsored event.
- The possession of a weapon(s) or any object that may be considered a weapon is prohibited while at SNR or during a community sponsored event.

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THE FOLLOWING ACTIONS WILL BE TAKEN WHEN A VIOLATION HAS OCCURRED:

1. The individual will be redirected to a more appropriate behavior and will receive a verbal warning and the incident will be discussed with them and the parent and/or guardian. The verbal warning will be documented in their file.
2. If the problem persists, or if a second but different violation occurs with the same individual, the individual will be redirected, and a written warning will be issued and documented in the individuals file, including but not limited to, documenting the specifics of the behavior and the corrective action that took place.
3. If there is a third occurrence or if the behavior of the individual threatens the immediate safety of him/her or any other individuals, SNR will have the right to ask the individual to leave (or be picked up immediately), the behavior will be documented, and the Executive Board will be notified and has the right to refuse further participation in all SNR programs.
4. ***Depending of the severity of the offense/behavior/incident, SNR has the right to expel the individual(s) from further participation in SNR at any time without following these procedures.***
5. There will be no refunds given for individuals removed from the program due to Code of Conduct violations.

I have read this "Code of Conduct" and fully understand it.

Participant's Name (printed)	Parent/Guardian's Name (Printed)
Signature	Signature
Date	Date
Employee, Volunteer, Caregiver, Board Member's Name (Printed)	Employee, Volunteer, Caregiver, Board Member's Signatu
Date	

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MEDICAL AUTHORIZATION:

Participant Name:_____Date of Birth:_____ Gender: M ☐ F ☐

Parent(s)/Guardian Name:_____Relationship:_____

Participant's Address:_____

City: _____ State/Country: _____ Zip: _____

Home Phone:_____Work Phone:_____ Mobile Phone:_____

In case of emergency, if family physician cannot be reached, I hereby authorize myself or my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician:_____Phone:_____

Address: _____City: _____ Sate/Country: _____

Physician Phone: _____

Hospital Preference: _____

Insurance Co: _____Policy No.: _____Group ID#:_____

EMERGENCY CONTACTS (IN THE EVENT A PARENT/LEGAL GUARDIAN CAN'T BE REACHED):

_____ _____ _____

Name Relationship Phone Number

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The above information ensures that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms.

_____

Participant or Authorized Parent/Guardian Signature Date

SNR does not limit participation in its activities based on disability, race, color, creed, national origin, gender, sexual or religious preference.