



Program Registration Forms

PARTICIPANTS NAME: _____

First M.I. Last

GENDER: MALE FEMALE DATE OF BIRTH: _____

PROGRAM, CHECK ALL THAT APPLY: LIFE Group Camp All-Stars Evening Group SNR Sports

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, CIRCLE ONE: Group Home In Home/Appartment Private Home

GROUP HOME : _____

CONTACT PERSON, ADDRESS and EMAIL:

NAME: _____ ADDRESS: _____

EMAIL: _____ PHONE: _____

- 1. Have you ever been convicted of a criminal offense? Yes _____ No _____
- 2. Are you a registered sex offender? Yes _____ No _____
- 3. I consent to a background check. Yes _____ No _____

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, runs 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.
- 6. The participant has committed a criminal offense or is a registered sex offender.

Will your participant require one on one care? (not provided by SNR) Yes _____ No _____

One on One contact information:

NAME: _____ RELATIONSHIP: _____

I understand that the one on one staff will adhere to all SNR policies and will not be permitted to attend programs before completing the Liability Waiver and Code of Conduct agreements. Yes _____ No _____

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.



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

Check	Diagnosis	Notes
	ADD/ADHD	
	Amputee/Adapt Equip	
	Autism	
	Blind	
	Brain Injury	
	Cerebral Palsy	
	Deaf	
	Diabetes	
	Down Syndrome	
	Epilepsy	
	Feeding Tube/GI Tube	
	Heart Problems	
	Implanted Medical Devices	
	Learning Disability	
	Multiple Sclerosis	
	Living w/Paralysis	
	Non-Verbal	
	Seizures	
	Wheelchair Restricted	
	Other:	
	Other:	



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ALLERGIES: Please list all food, animal, drug or insect and if an EpiPen is required.				
BEHAVIOR ISSUES: Please list any behaviors that could hinder the safety of the participant or others.				
PLEASE TELL US ABOUT YOUR PARTICIPATION: Likes, dislikes, triggers and calming techniques.				
ADDITIONAL INFORMATION:				



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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 adult participants and an annual \$10 renewal fee, billed in October.
- _____ There is an annual \$55 registration fee for youth participants in the Camp All-Stars program, fee covers: Winter, Spring, Summer sessions and one camp T-shirt.
- _____ Additional fees vary per event and are billed 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.**
- _____ Non-payment will result in dismissal and could affect future enrollment opportunities.

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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LIABILITY WAIVER

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 understand that all medical costs incurred by my participant 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 affiliated with SNR for transporting 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 "Liability Waiver" and fully understand it.

Check applicable box:

<input type="checkbox"/> Board Member	<input type="checkbox"/> Caregiver/Staff	<input type="checkbox"/> Parent/Guardian
<input type="checkbox"/> Participant	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer

Signature

Date



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CODE OF CONDUCT

Specialized Needs Recreation (SNR) offers participants opportunities to meet new people and try out new activities in a fun and safe environment. To ensure that all participants, parents/guardians, staff, Board members, and volunteers enjoy the SNR experience, there is a mandatory Code of Conduct for everyone involved. Your signature below is your implied and informed consent that you have reviewed, understand, and will follow the Code of Conduct while participating in SNR events.

Code of Conduct:

- All communication is conducted in an appropriate and respectful manner. Inappropriate tones, foul language, comments in a sexual nature, and bullying are not allowed.
- Handholding, kissing, or any form of sexual contact is not allowed.
- Cell phones, handheld games, and other electronic devices are allowed, however, SNR is not responsible for any damage, loss, or theft. If the device contains offensive content or becomes disruptive, the device will be put away until after the days' activity. This includes inappropriate messages to others involved in SNR.
- Jeans with excessive holes, shorts that do not reach to mid-thigh, graphic t-shirts with lewd, foul language or depict drugs/alcohol/sexual themes, or crop tops exposing the stomach, halter tops, and spaghetti strap (less than two inches tops) are not allowed.
- Individuals shall behave in a manner that does not endanger the health and safety of themselves and others.
- All participants are to show respect to both the property of SNR and locations visited during an SNR activity. Stealing, damaging, or failing to care for the property of SNR and others is not acceptable.
- Use of illegal substances, tobacco products, vaping devices, and alcohol is prohibited at SNR or at SNR events.
- Possessions of any item that is considered a weapon (including but not limited to: firearms, knives, pocketknives, switchblades) is prohibited at all times.

Participation at SNR and its events is voluntary and violation of any of the above Code of Conduct may result in being asked to leave SNR for the day. At the discretion of SNR and Executive Board, a major violation can result in being barred from all future SNR activities.

I have read the Code of Conduct and understand the terms of the Code of Conduct.

Check applicable box:

<input type="checkbox"/> Board Member	<input type="checkbox"/> Caregiver/Staff	<input type="checkbox"/> Parent/Guardian
<input type="checkbox"/> Participant	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer

Signature

Date



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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 the following and understand the actions that will be taken in the event of a violation and fully understand it.

Check applicable box:

<input type="checkbox"/> Board Member	<input type="checkbox"/> Caregiver/Staff	<input type="checkbox"/> Parent/Guardian
<input type="checkbox"/> Participant	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer

Signature

Date



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MEDICAL AUTHORIZATION:

Participant Name: _____ Date of Birth: _____

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

Diagnosis	Allergies (Food, animal, drug or insect and is an EpiPen required).	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.

Signature

Date