



To participate in LWSRA programs, an Annual Information Form must be filled out annually and filed with LWSRA.

Please submit this with your first registration of the calendar year or if your information has changed.

Note: Annual Information form and the Annual Waiver and Release must be updated with your first registration for the calendar year. Please let us know if any information changes during the year. All applicable medical forms must be completed/updated each season. Please notify us of changes in medication that occur during the year and complete a new Permission to Dispense Medication form (if applicable).

PARTICIPANT INFORMATION (PLEASE PRINT)

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First & Last Name: _____ Nickname: _____

Is participant his/her own guardian? Yes No Date of birth: _____ / _____ / _____ Age: _____

Gender: M F Height: _____ Weight: _____ T-Shirt size:* _____ Pant size:* _____ Shoe size _____
*Indicate youth or adult *Indicate youth or adult

Primary disability: _____ Secondary disability: _____

Address:* _____ City: _____ State: _____ Zip: _____

*Residents are individuals of LWSRA's seven member park districts. All individuals must verify residency for 2020 programs by providing a current state ID or utility bill.

Participant Phone: _____ Participant Email: _____

School/place of employment: _____ Teacher/supervisor: _____

Group home/residential facility: _____ Manager/caseworker: _____

Case Manager Phone: _____ Case Manager Email: _____

PARENT/GUARDIAN CONTACT INFORMATION *GROUP HOMES - PLEASE LIST HOUSE MANAGER(S)

1 First & Last Name: _____ Relationship: _____

Street, city & zip code: _____

Phone #: Cell _____ Home _____ Work _____
Place a checkmark beside the phone number you would like us to use first.

Email _____

2 First & Last Name: _____ Relationship: _____

Street, city & zip code: _____

Phone #: Cell _____ Home _____ Work _____
Place a checkmark beside the phone number you would like us to use first.

Email _____

EMERGENCY CONTACT INFORMATION

1 First & Last Name: _____ Relationship: _____

Phone #: Cell _____ Home _____ Work _____

2 First & Last Name: _____ Relationship: _____

Phone #: Cell _____ Home _____ Work _____

MEDICAL INFORMATION *ATTACH ADDITIONAL INFORMATION IF NEEDED

Doctor's Name _____ Doctor's Phone _____ Hospital Affiliation _____

1 Medication (name, dose & frequency) _____

2 Medication (name, dose & frequency) _____

3 Medication (name, dose & frequency) _____

*If medication will be dispensed at a program, you must complete a "Permission to Dispense Medication" form. Form can be found online at lwsra.org/forms or the LWSRA office.

*If using an inhaler or auto-injector, you must annually complete an "Inhaler or Auto-injector Waiver." Form can be found online at lwsra.org/forms or the LWSRA office.

Allergies: _____ Dietary restrictions: _____

Food Preferences _____

If participant is 21 & older, can they consume alcohol? Yes No If yes, how many per day: _____ *Limited to certain special events/social activities.

Is participant subject to seizures? Yes No *If a history of seizures, you must annually complete the LWSRA "Seizure Form" available at lwsra.org/forms or the LWSRA office.

If individual has down syndrome, have they been tested for Atlantoaxial Instability? Yes No If yes, were results positive? Yes No
If test results were positive, please attach a copy of medical exam.

GENERAL SKILLS/DAILY LIVING

General Skills/Daily Living Notes

| | | | |
|----------|--|--|---|
| Eating | <input type="checkbox"/> Eats Independently | <input type="checkbox"/> Needs to be monitored | <input type="checkbox"/> Needs assistance |
| Bathroom | <input type="checkbox"/> Toilets Independently | <input type="checkbox"/> Needs to be monitored | <input type="checkbox"/> Needs assistance |
| Dressing | <input type="checkbox"/> Dresses Independently | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Cannot dress independently |
| Swimming | <input type="checkbox"/> Dresses Independently | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Cannot dress independently |
| Mobility | <input type="checkbox"/> Walks Independently | <input type="checkbox"/> Uses manual wheelchair | <input type="checkbox"/> Uses motorized wheelchair |
| | <input type="checkbox"/> Uses other device | Transfers: <input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Doesn't Transfer | |

SOCIALIZATION

Socialization Notes

| | | | |
|-----------------------|--|---|--|
| Communication | <input type="checkbox"/> Verbal: Speaks clearly | <input type="checkbox"/> Verbal: hard to understand | <input type="checkbox"/> Difficulty expressing needs |
| | <input type="checkbox"/> Uses sign language | <input type="checkbox"/> Uses hearing aids | <input type="checkbox"/> Uses talker/board/pictures |
| Following Directions | <input type="checkbox"/> Can follow directions independently | <input type="checkbox"/> Needs verbal prompting | <input type="checkbox"/> Needs step-by-step assistance <i>Please explain in notes</i> |
| Social Interaction | <input type="checkbox"/> Initiates social interaction on own | <input type="checkbox"/> Socializes with verbal prompting | <input type="checkbox"/> Avoids social interactions |
| Prefers being | <input type="checkbox"/> Alone | <input type="checkbox"/> with peers | <input type="checkbox"/> with adults |
| Is most successful in | <input type="checkbox"/> Large Groups | <input type="checkbox"/> Small groups | <input type="checkbox"/> Both |
| Responds better to | <input type="checkbox"/> Males | <input type="checkbox"/> Females | <input type="checkbox"/> Either |

BEHAVIORS

Please check all that apply

| | | | |
|---|---|---|--|
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Tantrums/meltdowns |
| <input type="checkbox"/> Tendency to wander | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Verbal outbursts | <input type="checkbox"/> Oppositional/defiant |
| <input type="checkbox"/> Instigates behavior | <input type="checkbox"/> Self-abusive behaviors | <input type="checkbox"/> Steals | <input type="checkbox"/> Physical aggression to others |

Please explain any behaviors

What are known behavior triggers

Describe behavior management techniques & tools used

SENSORY

Describe any unusual fears or concerns

Describe any sensory needs

PERSONAL INTERESTS

Favorite quiet activities: _____ Favorite active games: _____

Least favorite activities: _____ Favorite color: _____

Reasons for participating

| | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Physical activity | <input type="checkbox"/> Socialization/friendship | <input type="checkbox"/> Group interaction | <input type="checkbox"/> Skill development | <input type="checkbox"/> Motor Development |
| <input type="checkbox"/> Creativity/Self-expression | <input type="checkbox"/> Self-esteem/confidence | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Fun! |

FORM MUST BE FILLED OUT COMPLETELY OR PARTICIPATION WILL BE DENIED

Form filled out by: _____ Relationship: _____ Date: _____
Please print name

Photo/Video : *Lincolnway Special Recreation Association occasionally uses participant photos, videos, likeness and/or name in publicity or brochures related to LWSRA. Please notify us in writing if you do not want your child/ward's photo, video, likeness and/or name used in brochures, social media or promotional materials related to LWSRA.*

ANNUAL WAIVER AND RELEASE FOR LINCOLNWAY SPECIAL RECREATION ASSOCIATION

Participant's Name : _____

IMPORTANT INFORMATION

The Lincolnway Special Recreation Association is committed to conducting its recreation programs and transportation service in a safe manner and holds the safety of participants in high regard. The Lincolnway Special Recreation Association continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minor children/wards registering for programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational and athletic activities/programs/transportation. You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way, recently suffered an illness, injury or impairment, or is pregnant, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational and athletic activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. When Lincolnway Special Recreation Association provides transportation, it is for the convenience of the participant and enhancement of the program. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of injury when participating in any recreational and athletic activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants and parents/guardians of minor children/wards must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational and athletic activities/programs exist. In this regard, it must be recognized that it is impossible for the Lincolnway Special Recreation Association to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS OF RISK

Please read this form carefully and be aware that in signing up and participating in programs/activities/transportation, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities/transportation, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, and that my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in any and all activities connected with and associated with these programs/activities (including transportation services/vehicle operation, when provided).

I do hereby agree to fully waive, relinquish, release, and forever discharge the Lincolnway Special Recreation Association, including its officials, agents, volunteers, and employees (hereinafter collectively referred as Lincolnway Special Recreation Association) from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I further agree to indemnify and hold harmless and defend Lincolnway Special Recreation Association from and against any losses, claims, damages to property occurring, growing out of, incident to, or resulting directly or indirectly from my minor child/ward or my participation in any and all activities connected with and associated with these programs/activities.

I have read and fully understand the above Important Information, Warning of Risk, and Waiver and Release of all Claims and Assumption of Risk. If registering via fax my facsimile signature shall substitute for, and have the same legal effect as, an original form signature.

Participant signature _____ Date _____ / _____ / _____

Parent/guardian _____ Date _____ / _____ / _____
(If participant is a minor and/or not his or her own legal guardian)

PARTICIPATION/TRANSPORTATION WILL BE DENIED IF THIS WAIVER IS NOT COMPLETED, SIGNED AND DATED