



YMCA Special Programs Participant Information and Enrollment Form

Section One: General Information

Participant's Name: _____ DOB: _____ Sex: Male Female

Participant is own guardian? Yes No Participant has a legal guardian or is under the age of 18 Yes No

Guardian Name: _____ Relationship: _____

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

Phone Number: _____ Email: _____

Participant lives:

with parent/guardian apartment independently apartment supported Group Home/CBRF

If participant lives in a group home or CBRF please provide the following:

Residential Staff Contact Information:

Name: _____

Phone Number: _____ Email: _____

Section Two: Participant Overview

COMMUNICATION: Age Appropriate Verbal Yes No

Does the participant use sign language? Yes No

Can the participant read and write? Yes No

If yes, do they like directions/schedules written down? Yes No

Do they utilize a picture/visual schedule? Yes No

Participant utilizes alternate forms of communications (devices, PECS, letter board, etc.) Yes No

If yes, please describe the participant's method of communication

Will they bring the communication method with to Y programs Yes No

Will parent/guardian/staff train Y staff to use communication method Yes No

MOBILITY INFORMATION:

Is the participant able to walk without assistance? Yes No

Does the participant use a wheelchair? Yes No If yes: Manual Electric

Is the participant able to self-transfer from wheelchair? Yes No

Circle other assistive devices used for walking: Cane Walker Brace Crutches

Does the participant use any other adaptive equipment or need other assistance with mobility? Yes No

If yes, please explain: _____

ACTIVITIES OF DAILY LIVING

Dressing: Independent Needs some assistance Needs full assistance

Comments: _____

Eating: Independent Needs some assistance Needs full assistance

Comments: _____

Toileting: Independent Needs some assistance Needs full assistance

Comments: _____

Hygiene: Independent Needs some assistance Needs full assistance

Comments: _____

SAFETY: Please indicate yes/no to the following:

Willing to stay within group Yes No

Can recognize danger Yes No

Can be responsible for belongings Yes No

May wander or run Yes No

Able to say name and phone numbers Yes No

Can manage their own money Yes No

Swim independently Yes No

Is able to participate in a group with a 1 staff to 4 participants ratio Yes No

PERSONALITY/BEHAVIOR – Please explain the following:

What is the best way to engage or redirect the participant? _____

How do you comfort the participant? _____

Does the participant have specific fears/phobias? (i.e. dogs, heights, confinement) _____

Are there settings or activities that may prohibit participation? (i.e. noisy surroundings, flashing lights) _____

Please explain the best way to introduce or explain new tasks or transitions: _____

What other type/s of additional accommodations are needed for the participant to successfully participate in YMCA programs? _____

Does the participant have a current behavior support plan? Yes No

Note: If the participant has a behavior support plan, we request a copy of the plan to be provided to us so that we can support them in the best way possible should the need arise while attending any programs at the YMCA.

Section Three: Medical Information

Primary Disability/Diagnosis: _____

Secondary Disability/Diagnosis: _____

Other Medical Conditions: _____

Does the participant use/wear any of the following devices? (Please check all that apply)

Contact Lenses Orthopedic Devices Hearing Aid

Prosthesis Glasses Other: _____

Does the participant have allergies? Yes No (if yes, please list them and the reactions)

If yes, please indicate type: Food Drugs Environmental

Allergy	Reaction	Treatment Needed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the participant have any other dietary restrictions besides allergies? Yes No

If yes, please describe: _____

Please list any/all medication that the participant takes on a regular basis:

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may provide a copy of the medication list to us if you do not have enough space to list your medications in the space provided.

Is the participant able to self-administer medication? Yes No

If no and participant will need to take medication during program, please contact the YMCA for information on authorizing YMCA staff to administer medication.

Is the participant subject to seizures? Yes No

If yes, please describe type and frequency: _____ Date of last seizure: _____

Are seizures controlled by medication? Yes No

Do you have a specific seizure protocol? Yes No

If yes, please provide a copy of the participant's seizure protocol

Doctor's Name: _____ Hospital: _____ Phone: _____

Medical Insurance: Company Name: _____ Policy Number: _____

Are there any doctor's restrictions concerning recreation participation? Yes No

If yes, please describe any activity in which the participant cannot participate due to medical reasons: _____

Section Four: Transportation

Does the participant use a transportation service? Yes No Sometimes

If yes/sometimes please provide

Company/Driver's Name: _____ Phone: _____

May staff dismiss the participant from programming without making contact with a pick up person? Yes No

Is the participant able to be left unattended in the YMCA before or after programming (only applicable to the YMCA members, Community Participants are only allowed in the YMCA during programming.) Yes No

Section Five: Billing

Will the participant utilize outside funding to pay for any or all of their YMCA services? Yes No

If yes, please contact the YMCA for information on how to register for programs using a funding source.

Section Six: Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Please include at least 2 other back-up emergency contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Section Seven: Agreements/Signatures (please check all that you agree to):

I give permission for information about the participant, given on this form, to be released on the participant's behalf to the YMCA and for the information about the participant while at the YMCA to be shared with the individuals listed within this enrollment form as well as with staff/volunteers who support the participant at the YMCA.

I understand that best efforts will be made to contact me in an emergency, but that I am giving consent for medical treatment if I am not available. I agree that a copy of this participant enrollment/participation form may be shared with EMS or Emergency Hospital Personnel in an emergency situation. I understand that in an emergency, 911 will be called. I hereby authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transport by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that the participant will be responsible for payment of all EMS, hospital and/or physician charges for emergency services to the participant.

I understand that best efforts will be made to accommodate the participant during all YMCA Special Programs Activities. I understand that if the participant needs specific accommodations that are not a part of general programming (decreased ratios, direct personal care needs, etc) I will communicate those needs to the YMCA at least 2 weeks prior to the start of the program. I understand that the YMCA will get back to me prior to the start of the program to notify me if the special accommodations can or cannot be met.

I understand that the YMCA is not responsible for securing medications for those who participate in programs/events/trips at the YMCA/event locations, unless a YMCA Special Programs "Authorization to Administer Medication" form has been completed and returned to YMCA staff.

I agree that it is my responsibility to report in writing changes to the participant's record as soon as the change has occurred as to ensure continuity of service for the participant.

I understand it is my responsibility to apply sunscreen and bug spray to my participant before they leave for an outdoor program. I give permission for the participant to have sunscreen and bug spray reapplied throughout the duration of any outdoor programming. I understand that the YMCA will use their own products unless the family provides specific products they would like used and informs the YMCA staff of this request

I give permission for the participant to appear in any media coverage approved by the YMCA including social media.

I have read and understand the registration agreement and agree to abide by all the policies and procedures stated within.

Signature: Parent/Legal Guardian

Date: _____

I have reviewed the Participant's Care form and made any necessary changes:

Signature:

Date: _____

Signature:

Date: _____