The Center For Individuals With Physical Challenges

The Center Youth Program
After School Club Pilot Program

Monday & Wednesday 1:15pm-3:30pm
September 9, 2019-November 20, 2019

CHILD INFORMATION

Name _____ Nickname _____
Address _____City/State/ZIP_____
Phone _____ Gender ☐Male ☐Female
Birthday _____ Age _____ Weight _____ Height _____
Please list your child's interests/hobbies. _____
_____
I would be interested in receiving information for future Youth Programming at The Center ☐Yes ☐No

PARENT or GUARDIAN INFORMATION

Name _____ Name _____
Address_____ Address_____
City _____ State _____ ZIP _____City _____ State _____ ZIP _____
Phone _____Phone _____
Email _____Email _____

Who will be picking your child up? (Other than parent/guardian)
Name _____ Phone _____Relationship _____
Name _____ Phone _____Relationship _____

EMERGENCY CONTACTS (Other than parent/guardian)

Name _____ Phone _____Relationship _____
Name _____ Phone _____Relationship _____

HEALTH INFORMATION

Physician Name _____ Phone _____
Dentist Name _____ Phone _____
Hospital Preference _____

Primary Diagnosis

☐Amputation ☐Cerebral Palsy ☐Head Injury ☐Muscular Dystrophy ☐Spinal Cord Injury
☐Obesity ☐Stroke ☐Cancer ☐Visual Impairment ☐Seizure
☐Other:_____
Please explain disability and cause: _____
_____
_____
Disability was: ☐Present at birth ☐Acquired, on this date _____
Child Uses: ☐Manual Wheelchair ☐Power Wheelchair ☐Crutches ☐Prosthesis
☐Walker ☐Hearing Aids ☐AFO's ☐Glasses ☐Other: _____
Allergies _____
Describe Behavioral and Emotional issues _____
_____
Any other Health Problems _____
_____

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CONSENT & RELEASE
Parent or Guardian: Please initial each section and sign and date below.

_____ Photo Release: I hereby consent that the photographs and/or videotapes in which my child appears and/or audio recordings made of his/her voice may be used by The Center Youth Program in whatever way needed, including television; consent that any such photograph, films and recordings shall be the property of The Center, and they shall have the right to duplicate and reproduce and make other such use of said photographs as needed without any claim on my part.

_____Activities: I understand that my child may take part in activities at the facility that could include climbing wall, archery, swimming, and other such activities of The Center Youth Program. I give permission for my child to participate in any and all such activities, which are supervised and deemed appropriate by qualified The Center Youth Program personnel.

_____Field Trips/Transportation: I understand that the program will be picking my child up at The Little Lighthouse. I also understand that the program may include not only normal activities conducted at The Center for Individuals with Physical Challenges, but may also include field trips that will require transportation to and from locations away from The Center. I give permission for my child to participate in any and all such activities, which are supervised and deemed appropriate by qualified The Center Youth Program personnel.

_____Authorization for OTC Medication: I give permission for administration of the following medications if deemed necessary by certified first-aid personnel. Doses will be administered according to directions on label unless directed by physician. Please select medications authorized or select ☐NO MEDICATION AUTHORIZED.
☐Acetaminophen ☐Ibuprofen ☐Chewable Antacid ☐Pepto Bismal ☐Benadryl ☐Sunscreen ☐Insect Repellent ☐Neosporin

_____Authorization for Treatment: I give permission to the medical personnel selected by The Center Youth Program to order XRays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange any necessary related transportation for my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by The Center Youth Program to secure and administer treatment, including hospitalization for the person named above. The completed forms may be photocopied.

_____I hereby acknowledge that I am fully aware of the risks and hazards connected with the participation in The Center Youth Program, including physical Injury, and hereby elect to voluntarily participate in said event, knowing that the associated activities may be hazardous to my child and my child's property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY that may be sustained by my child as a result of my child's participation. I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The Center for Individuals with Physical Challenges and its affiliates, participants, volunteers, directors, facilities, vendors and staff from any and all liability, claims, demands, expenses, omissions, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child or to any property belonging to my child, while participating in The Center Youth Program. I understand and agree that The Center or other supporting parties are not responsible for any injury or property damage arising out of competing in this event. I acknowledge and represent that I HAVE READ THE FORGOING Participant Waiver of Liability Form, I UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed. No oral representations, statements, or inducements, apart from the forgoing written agreements have been made.

Parent/Guardian Signature _____ Date _____

For questions, please contact:
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Youth Services Program Coordinator
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