

Special Recreation Services, Inc.

Registration Form

Please fill out and return with your one-time \$20 registration fee to:

Special Recreation Services, PO Box 1031, Stroudsburg, PA 18360

(610) 751-7692 specialrecreationservices@gmail.com

PLEASE FILL IN EVERY LINE. IF NOT APPLICABLE, WRITE IN "N/A"

Form will be returned to you if something is left blank.

PLEASE PRINT CLEARLY

Today's Date _____ Case Worker (or Therapist) Name _____
(list MH/DS first if applicable)

Name _____ Birth date _____

Address _____
Street City State Zip code

Phone () _____ Email: _____

AUTHORIZED EMERGENCY CONTACTS: (someone that is available during activity hours). **If you live in a group home, please list your manager first.**

1. Name _____ Relationship _____

Phone () _____ Is this a work or home phone _____

Cell Phone () _____ E-mail: _____

2. Name _____ Relationship _____

Phone () _____ Is this a work or home phone _____

Cell Phone () _____ E-mail: _____

MEDICAL INFORMATION: (PLEASE ATTACH ADDITIONAL PAPER IF NECESSARY)

(*In case of emergency, the following information may be shared with emergency personnel.)

Primary Doctor's Name _____ Phone () _____

Hospital of Choice _____ Medicaid # _____

Medicare # _____ Private Insurance _____

Insurance ID/Group # _____ Type of Disability _____
(ID, Autism, MH, Stroke, Dementia, etc.)

Level of Intellectual Disability _____ Reading ability _____
(if applicable) (Mild, Moderate, Severe) (None, some, full)

Can you tell time? _____ Can you handle your own money? _____
(Yes or No) (Yes or No)

Highest grade level completed in school: _____

How long can you be unsupervised in the community? _____
(Write in # of hours or "unlimited")

Psychiatric/Behavioral Issues/Phobias (Please be specific) _____

Do you have any health issues that we should know about in case of an emergency so that we may notify the appropriate medical personnel? (diabetes, seizure disorders, heart problems, asthma, etc.) _____

What medications are you currently taking and dosage? (Please include vitamins and dietary supplements and attach extra sheet if necessary) _____

ALLERGIES: Food/Drug/Other _____

CONSENT TO OBTAIN/RELEASE INFORMATION

I hereby authorize Special Recreation Services to obtain from or release to MH/DS/private therapist/my provider agency, information pertaining to my participation in this program such as psychiatric and medical history, social history and mental status. This consent is effective from the date this referral form is signed and expires when I stop participating in this program. I have been told that in order to protect confidentiality of my records, my agreement to obtain or release information is necessary and that this permission is limited for the purpose and to the person or organization listed on this form.

List agency/therapist/doctor on line above, you can list more than one

Signature

Date

CONSENT TO PHOTOGRAPH/VIDEO

I hereby grant permission to be photographed/recorded while participating in activities with Special Recreation Services and am aware that such photographs or videos may be used for the purpose of publicity to promote programming for persons with Disabilities.

Signature

Date

I consent to have my address/phone # handed out to other program participants so they can send me holiday, birthday and other types of cards and/or contact me for socialization.

Signature

Date

I have read or been read the Special Recreation Services Policies and Procedures, and I agree to abide by them to the best of my ability.

Signature

Date

Person completing this Referral Form if other than participant:

(Please Print)

Relationship to Participant

The information in this box is optional to answer but will be helpful for us when we apply for grants and funding. Please circle your answers. You may circle more than one.

Sex: Make or Female

Race: White, Black or African American, Asian, American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander or some other race.

Ethnicity: Hispanic/Latino or Not Hispanic/Latino

Release and Hold Harmless Agreement

I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Special Recreation Services, Inc. understanding that this Release and Hold Harmless Agreement is a waiver of any and all liabilities.

I understand the potential dangers that I could incur while participating in certain activities including but not limited to: swimming, running, jumping, cooking, crafts, bowling, amusement rides, exercising, horseback riding, dancing or riding in a vehicle. Understanding those risks, I hereby release Special Recreation Services, Inc. its officers, directors, employees, volunteers and anyone else directly or indirectly connected with the company from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to participate in the activities provided by Special Recreation Services, Inc.

I understand that it is in my best interest to obtain and keep current, medical health insurance and/or accident insurance.

I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and that my information may be released to an insurance company.

Date: _____

Print Name _____

Signature: _____

If participant can not sign then:

Guardian/Power of Attorney: _____
(Signature) Date

Printed Name and Address: _____
