

2010 Annual Information Form

Carmel Clay Parks & Recreation
The Monon Center
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Please attach any information that would be helpful.

The Monon Center prefers that this form be completed once each year prior to program participation by an individual. Please fill out all applicable information completely. Please print.

GENERAL INFORMATION

Participant Information

Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

E-mail address _____

Primary disability(Be specific) _____

Date of onset _____

Secondary disability (Be specific) _____

Date of onset _____

Age _____ Sex _____ Date of Birth _____

(Please circle)

Parent/Guardian/Agency/Provider Information

Name _____

Address _____

City _____ State _____ Zip _____

Work phone _____

Home Phone _____

Cell Phone _____

Emergency contact (other than those listed):

Name _____

Relation _____

Emergency phone _____

MEDICAL INFORMATION

LIST ALL MEDICATIONS:

Does/has participant:

1. Have Seizures? YES NO Describe physical reaction during a seizure _____
Type _____ Reaction after seizure _____

2. Use wheelchair? YES NO How often? _____ Electric _____ Manual _____ Sport _____

3. Use other walking devices? YES NO What kind? _____ How often? _____ When? _____

4. Use orthopedic or prosthetic devices? YES NO Type _____
Please describe when used: _____

5. If participant has Down Syndrome: Does participant have Atlanto-Axial Instability Condition? YES ___ NO ___

6. Have allergies? YES NO Please specific _____
Describe reaction _____

7. Been exposed to or have contagious or infectious disease? YES NO Exposed to: _____ when? _____ How is participant currently affected?

MEDICATION ADMINISTRATION

Will participant take any medications during the program? YES _____ NO ____ Participant can self-medicate? YES ___ NO ___
*Does participant need assistance for injections or personal hygiene YES _____ NO _____ If yes, what arrangements will be made?

PERSONAL AND COMMUNITY SKILLS

Participant requires and/or uses:	Explain:
Assistance eating/drinking*	_____
Assistance toileting*	_____
Assistance dressing/undressing*	_____
Assistance communicating needs	_____
Assistance to walk or move wheelchair	_____
Assistance transferring from wheelchair	_____
Assistance with reading/writing	_____
Assistance using money	_____
Assistance in protecting self/anticipating safety needs	_____
Assistance staying with group	_____
Uses sign language	_____
Use hearing aide/device	What? _____ When? _____
Wear glasses, contacts	What? _____ When? _____
Uses communication device	_____
Precautions in sun, heat, cold (environmental)	_____
Precautions due to allergies	_____
Assistance in orientation to people, places, times	_____
Assistance with swimming pool entry	_____
List any limitations to recreational activities	_____

BEHAVIORAL NEEDS

What type of supervision does the participant require (i.e. close, distant, line-of-sight) _____

Participant displays:	Explain:
• Unusual fears or concerns (people, places, etc)	_____
• Physical or verbal aggression to others	_____
• Physical aggression to self	_____

Positive Reinforcement:

- Please explain any tips or techniques we could use to offer the best possible recreation experience (i.e. food, verbal praise, toys, etc.) _____

Other information that might enhance quality and safety of recreation participation: _____

WAIVER OF LIABILITY

- I HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS THE CARMEL CLAY BOARD OF PARKS AND RECREATION, THE CARMEL CLAY PARKS & RECREATION DEPARTMENT, CITY OF CARMEL, CLAY TOWNSHIP, ITS AND THEIR OFFICIALS, OFFICERS, MEMBERS, INDEPENDENT CONTRACTORS, EMPLOYEES ANDVOLUNTEERS from any and all claims or liability for personal injury or property damage my child or I may suffer directly or indirectly arising out of or relating in any respect to participating in Carmel Clay Parks & Recreation’s Extended School Enrichment Program. This waiver and release of all claims, demands, action, and liability shall include, without limitations, any injury, damage or loss to person or property which may be (a) caused by any act, or failure to act, by Releases even if said injury, damage, or loss results from the negligence of any or all of the above-identified Releases or (b) sustained by me before, during or after Carmel Clay Parks & Recreation program, event, service, or facility in which I and/or my child participates.
- ***I understand that Carmel Clay Parks and Recreation The Monon Center program staff/volunteers will not give injections or assist with personal hygiene. (Personal attendant care includes dressing, feeding, or toileting). I understand that I will make arrangements for those items.**
- *I grant permission for participant’s picture to be used in publicity or brochures related to The Monon Center*
_____ YES _____ NO



_____	_____
Signature of Participant or Parent/Guardian (if participant is under 18 years of age)	Date