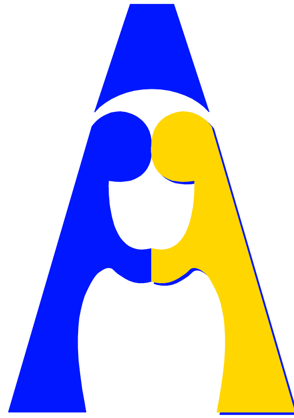
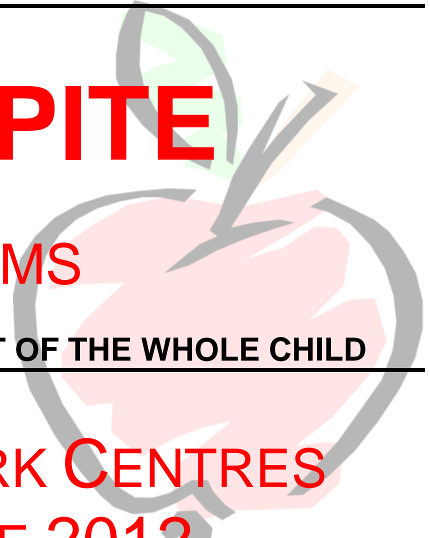


ADAPTABILITIES



CENTRE RESPITE

REGISTRATION FORMS

PROGRAMMING THAT PROMOTES THE DEVELOPMENT OF THE WHOLE CHILD

MCKERNAN AND MEADOWLARK CENTRES
SEPTEMBER 2011 – JUNE 2012

Program Registration Forms

September 2011 – June 2012

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Alberta AdaptAbilities Association

Welcome

Dear parent or guardian,

AdaptAbilities is excited to offer you and your child/adult a variety of quality goal-directed respite programs and services. Whether you need to run an errand, go to an appointment or are looking for a program that offers consistent routines, skill building activities and/or a place for your child/adult to build friendships, AdaptAbilities offers all of this in a safe and supportive environment. Our programming is based on three major components; expressive arts, recreation and motor development, and essential life skills. We believe that every child/adult can succeed when they participate in an encouraging atmosphere where staff and programming support the individual needs and goals of the child/adult.

In your hands you hold the official registration package for our programs at AdaptAbilities. To ensure successful registration in our program, we suggest that you ***read all information thoroughly***. The programs fill up quickly and in order for the registration process to go as smoothly as possible, please ensure that you fill out the registration form completely.

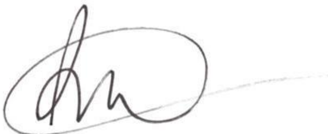
No incomplete registration forms will be accepted.

- Any incomplete registration packages will be put onto a waiting list until such time as they are completed.
- Submission of a registration package does **NOT** guarantee acceptance.

There is a lot of information within this package and some of the forms appear complicated. We have done our best to simplify things so please feel free to call us if you require assistance at **780-431-8446**.

Once again we look forward to fostering success and creating meaningful memories while your child/adult is attending our programs.

Sincerely,



Mahalia Coniah
Program Coordinator
Alberta AdaptAbilities Association

REGISTRATION SCENARIOS:

Scenario I: Participants able to function in a group setting
- Participants are cooperative,
- willing to engage in activities, and/or
- display minimal behaviours

Scenario II: Participants require more support in a group setting
- Participants are 6 & under,
- display moderate behaviours and care needs

Scenario III: Participants require significant support in a group setting
- Participants require supervision and assistance with personal care,
- participation in planned activities, and/or;
- experience high emotional needs and behaviours.

AdaptAbilities has the right to determine the scenario/ratio as part of the registration process.

CANDIDATES WHO MAY NOT BE SUITABLE

Applicants who have the following characteristics are not suitable candidates.

Behaviour:

1. Applicants who pose a threat to self and/or to others (physically or verbally aggressive).
2. Applicants who display a strong tendency towards the destruction of property.

We reserve the right to send home, suspend participants, and/or terminate services for participants who display any of these destructive behaviors.

Physical:

1. Applicants who require more than a 1 person transfer
2. Applicants who require mechanical lifts or other mechanical devices
3. Applicants who require complex medical assistance.

BASIS FOR ACCEPTANCE

Applicants will be accepted on the basis of:

1. Completion of intake (including one time fee)
   N.B. Only required if participant has never used AdaptAbilities services
2. **Fully** completed application form
3. Post dated cheques if required (i.e. Out of School Care)
4. Suitability of prospective participant
5. Staff availability
6. Available spaces
7. Past program attendance records

Applicants may be subjected to a waiting list if any of these criteria are not met.

Funding Confirmation

Funding Agency:______________________ ID No.:________________

Agency Worker:______________________ Phone #:________________

INTAKE	**Funding Agency**	**Parent**
One time Intake Fee: $50.00 (if applicable)	$	$
PROGRAM COSTS – SEPTEMBER - JUNE:		
Please see Fees & Billing Pack for more info		
I. Scenario 1 – Regular Respite Rate		
► $15.86/hr x ____ # of hrs(3 hr min.) x ____# of days	$	$
II. Scenario 2 – More support or 6 and under		
► $_____/hr x ____# of hrs(3 hr min.) x ______# of days	$	$
III. Scenario 3 – Significant support required		
► $19.00/hr x ____# of hrs(3 hr min.) x______ # of days	$	$
PROGRAM FEES:		
I. Out of School Program: $50.00/month	$	$
II. Respite/HIA Camps/PD Days: $5.00-10.00/day† †Regular rate is $5.00, Field Trips days are $10.00	$	$
III. Teen Night Program: $5-15/activity (brought each wk)	$	$
IV. Drop In: Evening and Weekend Respite $5.00/day	$	$
IV. Adult Day Program: $75.00/month	$	$
ADDITIONAL FEES:		
I. Before and After Program Care (for Day Camps only)		
► $_______/hr_____ total hrs x ____ # of days	$	$
II. Transportation – Confirmation required by AdaptAbilities.		
► $7.00/ *one way*	$	$
TOTAL FUNDS REQUIRED	**$**	**$**

*****Please make cheques payable to AdaptAbilities*****

Note: **Any funding agency shortfalls are the full responsibility of a parent/guardian.
**All program fees are the responsibility of the parent/guardian.

A Parent/Guardian may direct Alberta AdaptAbilities Association to bill a third party on their behalf with the full understanding that the parent/guardian will honor payment for costs not paid for by the designated third party.

Child/Adult:________________ **Parent's Signature** ________________ **Date:** __________

Office Use Only:

Funding has been confirmed by:

☐ Agency contract on file ☐ Email ☐ phone with follow up notes

Documentation is attached: ________________ ________________

Date **Staff Initials**

Application – Page 1

PARTICIPANT:

Name: ____________________ __________ ______________________________
First Name Middle Initial Last Name

Date of Birth: ________________ Age:______________
(dd./mm./yr.)

School: _______________________ Program: ________________ Gr./Yr: _________

Diagnosis(es):____

Alberta Health Care #: ______________

GUARDIAN(S):

Name(s):_________________________________ ______________________________

Please circle one of the following:

Parent **Permanent Guardian** **Temporary Guardian** **Social Worker** **Other:**__________

Home Ph #: _____________ Work Ph #: ______________ Cell #: _________________

Preferred Contact Number: **Home** **Work** **Cell**

Address: _________________________ City: _______________ PC:______________

Email:______________________________________

Do you have health insurance (e.g. Blue Cross) **Yes** **No**

If yes, with whom?__________________________________

In the case of an emergency, we will be calling an ambulance.

N.B: Family is responsible for the full cost of the ambulance, if not covered by insurance.

EMERGENCY CONTACTS (2 – OTHER THAN PARENTS/GUARDIANS):

1) Name: _________________________
Relationship to youth: ______________
Cell phone #: ______________________
Home phone #: ____________________
Work phone #:_____________________
Other #: _________________________

2) Name: ______________________________
Relationship to youth:___________________
Cell phone #:__________________________
Home phone #: ________________________
Work phone #: ________________________
Other #: _____________________________

Have you used any of AdaptAbilities services in the past? Yes No

* If you have not received services from AdaptAbilities you will need to call the office to schedule an intake. There is a onetime $50.00 fee for an intake.

How did you find out about our program?

School **Advertisement** **Website** **Friend** **Other**: ___________________

ADAPTIVE EQUIPMENT:

None **Manual Wheelchair** **Electric Wheelchair** **Walker** **Crutches**
Glasses **Helmet** **Other:** ______________

Alberta AdaptAbilities Association

Application – Page 2

TRANSFER ASSISTANCE:

None **One Person (Partially Dependent)** **One Person (Fully Dependent)**

** We cannot accommodate more than a one person transfer or a person in need of a mechanical lift*

PERSONAL CARE:

Does your child/adult need assistance with any of the following?

Toileting **Diapers** **Menstrual care** **Eating** **Drinking** **Dressing**

If yes, please explain: ____________________

COMMUNICATION:

Receptive/Age Appropriate: ____________________

Expressive/Age Appropriate: ____________________

RECREATIONAL INTERESTS:

Participant enjoys: ____________________

Participant does NOT enjoy: ____________________

SOCIAL INTERACTION:

Describe: ____________________

SUPERVISION:

Does the individual require one to one supervision? **Yes** **No**

What level of supervision do they require?

Inside: ____________________ Outside/Playground: ____________________

Swimming: ____________________ Field Trips/Community: ____________________

Do they require a lifejacket while swimming? **Yes** **No**

Is your child/adult a flight risk? **Yes** **No**

DAILY ROUTINE: (eg snacks, naps, scheduled programs)

Describe: ____________________

PARENT/GUARDIAN WAVER

All the information provided on this form is complete to the best of my knowledge. I have not withheld any information that will affect the care of the individual.

I have read and understand the contents of the parent handbook and the program polices for Adaptabilities. I accept these terms and agree to abide by all policies.

____________________ ____________________ ____________________

Parent/Guardian Parent/Guardian Date

Alberta AdaptAbilities Association

PAR Questionnaire

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

1. Has your doctor ever said that the child/adult has heart trouble? **YES** **NO**

2. Does he/she frequently suffer from pains in his/her heart or chest? **YES** **NO**

3. Does the individual often feel faint or have spells of dizziness? **YES** **NO**

4. Has your doctor ever said that the individual has high blood pressure? **YES** **NO**

5. Has your doctor ever told you that the participant has a bone or joint problem, such as arthritis, that has been or may be aggravated by exercise? **YES** **NO**

6. Does the participant have any perceptual/learning/motor delays? **YES** **NO**
   If so, please specify: ______________________________
   ____
   ____

7. Is there a good physical reason not already mentioned here why they should be excluded from any physical activity? **YES** **NO**
   ____
   ____

8. Does the individual have any allergies? If so, please specify. **YES** **NO**
   ____
   ____

9. Is the individual currently taking any medication? If so please list along with any potential side effects: ______________ **YES** **NO**
   ____
   ____

Parent's Name: ______________________ Participant's Name: ______________

Signature: ______________________ Date: ______________

Witness: ______________________ Date: ______________

Alberta AdaptAbilities Association

Proactive Measures

Participant's Name:______________________ Date:_______________________

BEHAVIOUR:

Does the individual display any of the following behaviours?

None Swearing Hitting Biting Kicking Refusal Hair pulling

Notes: ____

____

Are there certain noises or actions that irritate them?

____

____

Are there specific actions we should recognize to show us the individual is upset?

None Crying Withdrawal Refusal Yelling Pouting

Swearing Screaming Self harm Aggression Faking injury or illness

Notes:____

____

____

Does the individual ever display outbursts of negative behavior? **Yes No**

If yes, please explain and list warning signs prior to their outbursts?

____

____

How do you suggest we handle the above behaviors?

Time out Removal Verbal reminder Counting Redirection Quiet time

Please explain further:____

____

What forms of intervention work for them?

____

____

Are there any other issues you believe we should be aware of?

____

____

____

Alberta AdaptAbilities Association

Goal Sheet

Participant's Name:______________________ **Date:**______________________

In order to help us plan and ensure that everyone experiences success in the program, we would appreciate some information regarding his/her strengths. Please list the strengths of the individual in the following areas; social, communication, gross/fine motor skills, etc.

____

____

____

AdaptAbilities focuses on "Creating Success – For Life" and integrates three components into our day: Essential Life skills, Expressive Arts, and Recreation and Motor Development. Choose three goals from each component, numbering 1, 2, and 3 - #1 being your highest priority.

GOALS:

1. **Essential Life Skills** – Skills used in everyday social activities such as:
   - ☐ Focus on task
   - ☐ Increase attention span
   - ☐ Improve communication
   - ☐ Manners
   - ☐ Problem solving
   - ☐ Anger management
   - ☐ Following instructions
   - ☐ Habits of hygiene
   - ☐ Adapting to change
   - ☐ Making choices
   - ☐ Respecting space and boundaries
   - ☐ Borrowing verses taking
   - ☐ Taking turns and sharing
   - ☐ Proper food choices – healthy snacks
   - ☐ Telling time
   - ☐ Money
   - ☐ Counting
   - ☐ Increasing independence ie dressing

   Other: ____

2. **Expressive Arts** – Activities that encourage expression and creativity, such as:
   - ☐ Drawing
   - ☐ Painting
   - ☐ Building and creating
   - ☐ Singing and/or music
   - ☐ Drama and theatre sports
   - ☐ Increased interest in various art forms
   - ☐ Express feelings through art
   - ☐ Increase communication through art

   Other: ____

3. **Recreation & Motor Development** – Leisure activities & fine/gross motor skills such as:
   - ☐ Running and/or jumping
   - ☐ Throwing and/or catching
   - ☐ Swimming and/or bowling
   - ☐ Climbing and/or swinging
   - ☐ Improved coordination
   - ☐ Improved balance
   - ☐ Playground skills
   - ☐ Playing games with others
   - ☐ Interest in active living activities
   - ☐ Sensory activities (specify)___________
   - ☐ Printing
   - ☐ Colouring within the lines

   Other: ____

If you have any questions or need some suggestions, feel free to contact us at (780) 431-8446.

Alberta AdaptAbilities Association

Medical Form – Page 1

MEDICAL INFORMATION:

Do you have health insurance (e.g. Blue Cross) **Yes** **No**

In the case of an emergency, we will be calling an ambulance.

N.B. family is responsible for the full cost of the ambulance, if it not covered by insurance

PHYSICIAN(S):

1) Name: __________________ Address_________________________ Ph #____________

2) Name: __________________ Address_________________________ Ph #____________

Hospital preferred: ________________________ Ph #: __________________

Does the participant have any of the following medical conditions:

Allergies:____

Reaction:____

Recommended treatment for reactions:____

Drug allergies:____

Reaction:____

Treatment:____

Seizures: **Yes** **No**

Type:_________________________________ Frequency:________________________

Duration:______________________________ Date of last seizure:_________________

Reaction: Before:_______________________ During:___________________________

After:_________________________________

Diabetes: **Yes** **No**

Is the participant on insulin? **Yes** **No**

How often does he/she need to check their blood sugar levels?____________________

Does he/she need assistance? **Yes** **No**

Notes:____

____

Communicable Disease(s)? **Yes** **No**

If yes, what is the diagnosis?:____

Alberta AdaptAbilities Association

Medical Form – Page 2

SPECIAL DIETARY NEEDS:

Does the individual have a G-tube? **Yes** **No**

If Yes G-Tube Care Sheet is required to be completed (request form from office).

Food preparations:

None **Soft** **Diced** **Pureed** **Thickened liquids**

Notes:____

____

May **NOT** consume the following:

Dairy **Sugar** **Gluten** **Eggs** **Nuts** **Other:**____________

Notes:____

____

FREQUENT HEALTH PROBLEMS:

Is the participant prone to any of the following?

Fainting **Asthma** **Respiratory problems** **Heart problems** **Dizziness** **Infections**

Headaches **Migraines** **Low blood pressure** **Faking illness** **High blood pressure**

Please Explain:____

____

____

Is the participant ***unable*** to participate in any physical activities for any reason?

____

____

What intensity of physical activity is reasonable for them?

Light **Moderate** **Heavy**

Are there any other health concerns that you would like us to be aware of?

____

____

____

____

____

Medication Release

Name of Individual *Receiving* Medication: ____

Name of Parent/Guardian:____

Type of Medication*:

Prescription (only those to be administered at AdaptAbilities)

1. ____________________________________
2. ____________________________________
3. ____________________________________

Non Prescription (only those to be administered at AdaptAbilities)

1. ____________________________________
2. ____________________________________

Instructions for the Administration of Medication:

<u>Prescription</u> (only those to be administered at AdaptAbilities)

1. Time:__________________ Dosage:________________
   Instructions:____
2. Time:__________________ Dosage:________________
   Instructions:____
3. Time:__________________ Dosage:________________
   Instructions:____

<u>Non Prescription</u> (only those to be administered at AdaptAbilities)

1. Time:__________________ Dosage:________________
   Instructions:____
2. Time:__________________ Dosage:________________
   Instructions:____

Instructions for Returning Medication(s):

Medication(s) should be returned **Daily** **Weekly** **To be refilled**

Side Effects:

Are there any side effects that we should be aware of? ____________________________________

*Medication includes prescription medications, over-the-counter medications, and herbal remedies.

SIGNED THIS ___________DAY OF __________ 20_____, Edmonton, Alberta.

____________________________________ ____________________________________

Parent/Guardian (print please) Signature of Parent/Guardian

____________________________________ ____________________________________

AdaptAbilities' Coordinator Signature of Coordinator

Assumption of Risk

Alberta AdaptAbilities Association strives to provide awareness of risks associated with each of the programs/activities it offers.

As a parent/guardian, I ______________________________understand that there are risks/dangers, which are inherent to each specific activity provided by Alberta AdaptAbilities Association for ________________________(Participant's Name) These risks include, but are not limited to, the loss of personal property, the possibility of physical injury to them and other participants, such as muscle strain, broken bones, concussion, soft tissue damage, infectious disease, etc., including the possible risk of severe or fatal injury.

As a parent/guardian I understand it is my responsibility to ascertain if there are any health conditions which make it inadvisable for participation in an Alberta AdaptAbilities Association program. I also understand that I am responsible for any medical treatment or costs, which may incur because of their participation.

I, the parent/guardian remise, release and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury or damage of any kind sustained by participants in an Alberta AdaptAbilities Association program, unless such injury was caused solely by the negligence of Alberta AdaptAbilities Association staff. In the event of an accident, I give permission for qualified Alberta AdaptAbilities Association staff to administer first aid and/or CPR, and/or take them to a physician.

I understand that I will be responsible for the cost, in full, of any transportation, to and from the hospital or location of treatment, including but not limited to ambulance transportation.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I understand, appreciate and accept the risks associated with their participation in an Alberta AdaptAbilities Association program. As the parent/guardian for the participant, I consent for them to participate in Alberta AdaptAbilities Association programs, from **September 1, 2011 – June 30, 2012.**

SIGNED THIS ____________DAY OF ___________ 20______, Edmonton, Alberta.

______________________________________ ______________________________________

Individual/Guardian/Primary Contact Signature:Individual/Guardian/Primary Contact

______________________________________ ______________________________________

AdaptAbilities' Coordinator Signature of Coordinator

Photo Disclosure

Parents/Primary Contact,

RE: Pictures – Alberta AdaptAbilities Association

AdaptAbilities continues to be a leader in special needs programming within the City of Edmonton and we strive to provide quality service to our clients.

To keep the legacy of our programming alive and to market our programs further, we would like to promote our program to prospective and current participants by displaying our participants involved in activities planned by Alberta AdaptAbilities Association.

Please check the appropriate boxes for photo disclosure of pictures taken from **September 1, 2011 – June 30, 2012.**

Participant's Name: ____________________

- ☐ **Yes**, pictures can be used externally at the discretion of AdaptAbilities, ie. advertising purposes.
- ☐ **Yes**, pictures can be taken of the participant and can only be used internally, ie. within our program.
- ☐ **No, I** would not like pictures taken of the participant. However, I understand that pictures may be taken within Alberta AdaptAbilities Association programs and there may be a possibility that they will be situated within some photos. AdaptAbilities will not use their photo in any manner if this were to occur.

SIGNED THIS ___________DAY OF __________ 20_____, Edmonton, Alberta.

___________________________________	___________________________________
Individual/Guardian/Primary Contact	Signature:Individual/Guardian/Primary Contact
___________________________________	___________________________________
AdaptAbilities' Coordinator	Signature of Coordinator

Alberta AdaptAbilities Association

Field Trip

Parents/Primary Contact

RE: Field Trips

Alberta AdaptAbilities Association wants to ensure a well-rounded experience for all participants and our aim is to provide programs that focus on the *development of the whole individual physically, socially, mentally, and emotionally within a safe and caring environment.*

To achieve the development of the whole child/adult, Alberta AdaptAbilities Association and its programs utilizes as many resources within our community as possible to provide them with the best experience; thus, programs may include field trips. Transportation for all field trips may be accessed through the use of the Edmonton Transit System (ETS), a chartered bus company, a City of Edmonton Cab company, and/or the personal vehicle of an AdaptAbilities' employee. Walking field trips may also occur.

As such, with your signing and returning of this letter, you give permission for them to attend all Alberta AdaptAbilities Association outings regardless of the mode of transportation.

Parents/guardians must be able to be reached and available to pick up the participant immediately at anytime during an AdaptAbilities' program due to emergency situations, sickness, or behaviours.

By signing this form you are stating that you understand and accept the risks as outlined in the ***Assumption of Risk*** form previously completed. Alberta AdaptAbilities Association, its programs and its employees make every effort to ensure everyone's safety while they attend any program held by Alberta AdaptAbilities Association. Trips are an opportunity to reinforce learning and experiences undertaken while the individual has been involved in our program.

I, ___________________________ hereby give permission to AdaptAbilities to take the participant on all outings planned by Alberta AdaptAbilities Association from **September 1, 2011 – June 30, 2012.**

SIGNED THIS ___________DAY OF __________ 20_____, Edmonton, Alberta.

____________________________________ ____________________________________

Individual/Guardian/Primary Contact Signature:Individual/Guardian/Primary Contact

Sunscreen and Bug Spray Waiver

☐ **Staff may apply sunscreen** **Participant's Name: ____________________**

☐ **Staff may apply bug spray**

Application Notes: ____

____

I, ____________________ do release all employees of AdaptAbilities to apply and/or assist in applying bug spray and sunscreen, whenever necessary, to the participant, at Hearts In Action Summer Camp between **September 1, 2011 – June 30, 2012**.

I, the parent/guardian remise, release and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury or damage of any kind sustained by a child/adult due to the application of sunscreen or bug spray by Alberta AdaptAbilities Association or an employee of Alberta AdaptAbilities Association, unless such injury was caused solely by the negligence of Alberta AdaptAbilities Association or staff. In the event of an accident or allergic reaction, I give permission for qualified Alberta AdaptAbilities Association staff to administer first aid and/or CPR, and/or take the participant to a physician.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I understand, appreciate, and accept the risks associated with the application of sunscreen and/or bug spray to them by Alberta AdaptAbilities Association or an employee.

SIGNED THIS ___________DAY OF __________ 20_____, Edmonton, Alberta.

________________________________	________________________________
Individual/Guardian/Primary Contact	Signature:Individual/Guardian/Primary Contact
________________________________	________________________________
AdaptAbilities' Coordinator	Signature of Coordinator

Pick Up Release

Participant's Name: ____________________

I, ____________________, do release the participant, to the below mentioned person(s) upon pick up.

#	Name in Full	Day/Dates	Notes
1			
2			
3			

I, the parent/guardian remise, release and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury or damage of any kind sustained by child/adult released, by Alberta AdaptAbilities Association or an employee of Alberta AdaptAbilities Association, into the care of the above mentioned person(s), unless such injury was caused solely by the negligence of Alberta AdaptAbilities Association or staff.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I understand, appreciate, and accept the risks associated with releasing the participant, into the care of the above mentioned people.

SIGNED THIS ____________DAY OF ___________ 20______, Edmonton, Alberta.

______________________________ Individual/Guardian/Primary Contact

______________________________ Signature:Individual/Guardian/Primary Contact

______________________________ AdaptAbilities' Coordinator

______________________________ Signature of Coordinator

Alberta AdaptAbilities Association

Release of Information

AUTHORIZATION FOR THE RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

I, ____________________ hereby authorize the release and exchange of any information including personal information, which would otherwise by law be considered to be privileged and private information to/from/between the following agency(s)/individual(s)/professional(s).

	List Agency/Individual/Professional
☐	AdaptAbilities:
☐	Funding Agency (Specify):
☐	School/Teacher (Specify):
☐	Social Worker (Specify):
☐	Other (Specify):
☐	Other (Specify):

I choose not to authorize release of the following information including:

____

____

This authorization shall be in effect for the following period:___________________

or, unless stated, for one year from the date of signature.

- ☐ **I understand that I may revoke this consent at any time by doing so in writing.**
- ☐ **Any additional changes will require a new signature and corresponding date.**

Signed:________________________________ **Date:_______________________**

Individual/Guardian/Primary Contact

Witness: ______________________________ **Date:_______________________**