

A l b e r t a  
**AdaptAbilities**  
A s s o c i a t i o n

## ADAPTABILITIES

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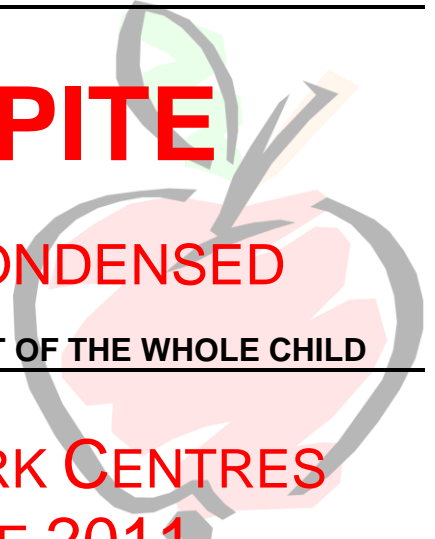
# CENTRE RESPITE

REGISTRATION FORMS -CONDENSED

PROGRAMMING THAT PROMOTES THE DEVELOPMENT OF THE WHOLE CHILD

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MCKERNAN AND MEADOWLARK CENTRES  
SEPTEMBER 2010 – JUNE 2011



# Program Registration Forms

September 2010 – June 2011



## Table of Contents

Application Form .....	3
Goal Sheet .....	4
Medication Release.....	5
Assumption of Risk .....	6
Photo Disclosure .....	7
Field Trip.....	8
Sunscreen Release .....	9
Pick Up Release .....	10
Release of Information .....	11

## 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: \_\_\_\_\_

## EMERGENCY CONTACTS (2):

1) Name: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Other #: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Other #: \_\_\_\_\_

## PERSONAL CARE:

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

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

If yes, please explain: \_\_\_\_\_

## RECREATIONAL INTERESTS:

Participant enjoys: \_\_\_\_\_

Participant does NOT enjoy: \_\_\_\_\_

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 my child/youth.

\_\_\_\_\_  
Parent/Primary Contact (print please)

\_\_\_\_\_  
Parent/Primary Contact

\_\_\_\_\_  
Date

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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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:

- |                                                  |                                                               |
|--------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Focus on task           | <input type="checkbox"/> Making choices                       |
| <input type="checkbox"/> Increase attention span | <input type="checkbox"/> Respecting space and boundaries      |
| <input type="checkbox"/> Improve communication   | <input type="checkbox"/> Borrowing verses taking              |
| <input type="checkbox"/> Manners                 | <input type="checkbox"/> Taking turns and sharing             |
| <input type="checkbox"/> Problem solving         | <input type="checkbox"/> Proper food choices – healthy snacks |
| <input type="checkbox"/> Anger management        | <input type="checkbox"/> Telling time                         |
| <input type="checkbox"/> Following instructions  | <input type="checkbox"/> Money                                |
| <input type="checkbox"/> Habits of hygiene       | <input type="checkbox"/> Counting                             |
| <input type="checkbox"/> Adapting to change      | <input type="checkbox"/> Increasing independence ie dressing  |

Other: \_\_\_\_\_

### **2. Expressive Arts** – Activities that encourage expression and creativity, such as:

- |                                                |                                                                  |
|------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Drawing               | <input type="checkbox"/> Drama and theatre sports                |
| <input type="checkbox"/> Painting              | <input type="checkbox"/> Increased interest in various art forms |
| <input type="checkbox"/> Building and creating | <input type="checkbox"/> Express feelings through art            |
| <input type="checkbox"/> Singing and/or music  | <input type="checkbox"/> Increase communication through art      |

Other: \_\_\_\_\_

### **3. Recreation & Motor Development** – Leisure activities & fine/gross motor skills such as:

- |                                                   |                                                               |
|---------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Running and/or jumping   | <input type="checkbox"/> Playground skills                    |
| <input type="checkbox"/> Throwing and/or catching | <input type="checkbox"/> Playing games with others            |
| <input type="checkbox"/> Swimming and/or bowling  | <input type="checkbox"/> Interest in active living activities |
| <input type="checkbox"/> Climbing and/or swinging | <input type="checkbox"/> Sensory activities (specify) _____   |
| <input type="checkbox"/> Improved coordination    | <input type="checkbox"/> Printing                             |
| <input type="checkbox"/> Improved balance         | <input type="checkbox"/> Colouring within the lines           |

Other: \_\_\_\_\_

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



# Medication Release

Will your child/youth require medication while at AdaptAbilities' programs?

**Yes** (Complete all areas below)

**No** (Please sign and date the bottom)

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:**

**Prescription (only those to be administered at AdaptAbilities)**

1. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_
2. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_
3. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_

**Non Prescription (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/Primary Contact (print please)

\_\_\_\_\_  
Signature of Parent/Primary Contact

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator



# Assumption of Risk

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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 \_\_\_\_\_ (Child's Name). These risks include, but are not limited to, the loss of personal property, the possibility of physical injury to your child/youth 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 my child/youth's 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 my child/youth 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 my child/youth's participation in an Alberta AdaptAbilities Association program. As the parent/guardian for the participant, I consent for my child/youth's participation in Alberta AdaptAbilities Association programs, from **September 1, 2010 – June 30, 2011**.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Primary Contact (print please)

\_\_\_\_\_  
Signature of Parent/Primary Contact

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator



# Photo Disclosure

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Parents/Primary Contact s,

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, 2010 – June 30, 2011.**

**Participant's Name:** \_\_\_\_\_

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

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Primary Contact (print please)

\_\_\_\_\_  
Signature of Parent/Primary Contact

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator

Parent/Primary Contact

RE: Field Trips

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

To achieve the development of the whole child/youth, Alberta AdaptAbilities Association and its programs utilizes as many resources within our community as possible to provide your child/youth 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 your child/youth 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 their child 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 the safety of your child/youth while they attend any program held by Alberta AdaptAbilities Association. Trips are an opportunity to reinforce learning and experiences undertaken while your child/youth has been involved in our program.

I, hereby give permission to AdaptAbilities to take \_\_\_\_\_ on all outings planned by Alberta AdaptAbilities Association from **September 1, 2010 – June 30, 2011.**

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Guardian (print please)

\_\_\_\_\_  
Signature of Parent/Guardian



# 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 my child/youth, or any child/youth entrusted to my care, between **September 1, 2010 – June 30, 2011**.

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/youth 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 my child/youth 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 my child/youth by Alberta AdaptAbilities Association or an employee.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Guardian (print please)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator

# Pick Up Release

I, \_\_\_\_\_, do release my child/youth or any child/youth entrusted to my care, 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/youth 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 my child/youth, or any child/youth entrusted to my care, into the care of the above mentioned people.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Guardian (print please)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator



# 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	
<input type="checkbox"/>	Funding Agency (Specify):
<input type="checkbox"/>	School/Teacher (Specify):
<input type="checkbox"/>	Social Worker (Specify):
<input type="checkbox"/>	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: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_