

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

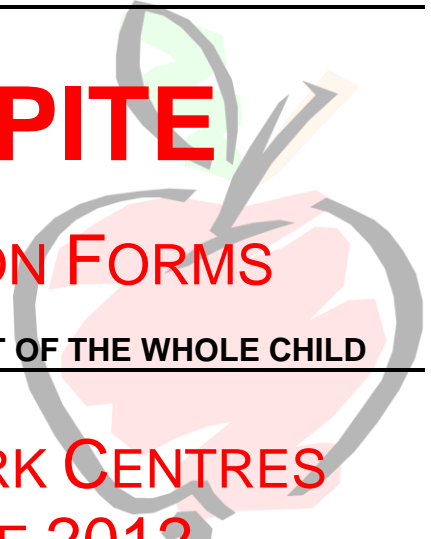
ADAPTABILITIES

CENTRE RESPITE

CONDENSED 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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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



Application

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 – OTHER THAN PARENTS/GUARDIANS):

1) Name: _____ 2) Name: _____

Relationship to youth: _____ Relationship to youth: _____

Cell phone #: _____ Cell phone #: _____

Home phone #: _____ Home phone #: _____

Work phone #: _____ Work phone #: _____

Other #: _____ 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: _____

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

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:

- | | |
|--|---|
| <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

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/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

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



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"/>	AdaptAbilities:
<input type="checkbox"/>	Funding Agency (Specify):
<input type="checkbox"/>	School/Teacher (Specify):
<input type="checkbox"/>	Social Worker (Specify):
<input type="checkbox"/>	Other (Specify):
<input type="checkbox"/>	Other (Specify):

<p><i>I choose not to authorize release of the following information including:</i></p> <p>_____</p> <p>_____</p>
--

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: _____
Individual/Guardian/Primary Contact

Date: _____

Witness: _____

Date: _____