

**2019-2020
Rec Center
Registration Form**



For office use only
Received on: _____
Details/Status: _____

Participant's Name _____ Age _____ Birth Date _____ Gender _____
 Address _____ City _____ Zip _____
 Mother's Name _____ Cell # _____ Work # _____ Email _____
 Father's Name _____ Cell # _____ Work # _____ Email _____
 Guardian's Name _____ Cell # _____ Work # _____ Email _____
 School _____ District # _____ Teacher _____ Permission to Consult Teacher (if outside GS)
 Yes No

Emergency Contact/Transportation Permission
(other than parents/guardian)

Name _____ Relationship _____ City _____ Transportation? Yes No
 Home # _____ Cell # _____ Work # _____
 Name _____ Relationship _____ City _____ Transportation? Yes No
 Home # _____ Cell # _____ Work # _____
 Transportation Permission in Giant Steps Vehicle? Yes No

Behavior/Communication

<input type="checkbox"/> Attention seeking	<input type="checkbox"/> Fear	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Spitting
<input type="checkbox"/> Biting	<input type="checkbox"/> Hair pulling	<input type="checkbox"/> Pinching	<input type="checkbox"/> Steals
<input type="checkbox"/> Defiance/refusal	<input type="checkbox"/> Hitting/kicking	<input type="checkbox"/> Removal of clothing	<input type="checkbox"/> Tantrums/meltdowns
<input type="checkbox"/> Difficult transitions	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Runs/wanders	<input type="checkbox"/> Throwing objects
<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Inappropriate touching	<input type="checkbox"/> Self-abusive	<input type="checkbox"/> Verbal outburst
<input type="checkbox"/> Other _____			

Complies with verbal requests and directions Responds to specific verbal/non-verbal directions Responds to visual supports
 Does participant have a specific behavior plan? Yes No (If yes, please attach if outside of Giant Steps)

Method of communication: Verbal Communication Limited Verbal Communication Facilitated communication
 Sign language Communication board/device Other _____

Please indicate any sensory needs the participant may have _____

Additional Information _____

Medical Information

Disability/ Primary Diagnosis _____

Allergies Yes No (please list, Allergy form required) _____

Blood Disorder Yes No __ (If YES, a Diabetes Plan is required)

Diabetes Yes No (please describe, i.e. dairy, gluten free, etc.) _____

Dietary restrictions Yes No

Down Syndrome Yes No ASC testing result? Positive Negative Not tested

G-Tube Yes No (If YES, please attach instructions)

Hearing Impaired Yes No

Heart Condition Yes No

Seizures Yes No (If YES, a Seizure Plan is required)

Visually Impaired Yes No

Other (asthma, chronic illness, etc.) _____

Medications (list all prescription medications taken, even if not taken at program).

Medication Administration form REQUIRED if medication is administered at Rec Center. This is separate from Giant Steps day school forms.

Drug Name (Brand/Generic)	Dose	Time	Reason	Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby acknowledge that the above information provided for the dispensing of medication for the participant is accurate. I also understand that it is my responsibility to inform Giant Steps Rec Center if any changes in the dispensing of medication occur.

In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Giant Steps Rec Center Staff to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to the participant. In consideration of Giant Steps Rec Center administering medication, I hereby fully release or discharge Giant Steps, and its officers, agents, employees, and volunteers from any and all claims from injuries, damages and losses the participant may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend Giant Steps, its officers, agents, employees, and volunteers from any and all claims resulting from injuries, damages, and losses sustained by the participant and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Parent/Guardian Signature _____ Date _____

