2017 TASK APPLICATION PACKET

TASK, 980 Horan Drive, Fenton, Missouri 63026

TASK™ Team Activities for Special Kids

All info must be provided. Please print all information.

Today's Date: _____/_____/2017

PARTICIPANT'S INFO

First Name _____ Last Name _____ Gender: Male Female Handed: Left Right

Birth Date ____/____/____ Age _____ School and District _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Email (newsletters/info will be sent here) _____

Race: African American Asian Hispanic White Other _____

STATUS

☐ New Athlete ☐ Returning Athlete

T-SHIRT SIZE

CS CM CL AS AM AL AXL A2X

PARENT/GUARDIAN'S INFO

Name: _____

Phone #1:_____ #2: _____

Occupation:_____

Employer:_____

The person above is a:

☐ Mom ☐ Dad ☐ Guardian

SCHOOL INFO

Does your child have an IEP? ☐ Yes ☐ No

Classroom Setting: ☐ Regular ☐ Resource ☐ Center-based

Has an assistant? ☐ Yes ☐ No ☐ 1:1

Has a behavior plan? ☐ Yes ☐ No

Please attach a copy of behavior plan.

PARENT/GUARDIAN'S INFO

Name: _____

Phone #1:_____ #2: _____

Occupation:_____

Employer:_____

The person above is a:

☐ Mom ☐ Dad ☐ Guardian

DISABILITIES/ AREAS OF CONCERN- Please check all that apply

- ☐ ADD/ADHD
- ☐ Anxiety Disorder
- ☐ Asperger's Syndrome
- ☐ Autism
- ☐ Behavior Disorder
- ☐ Cerebral Palsy
- ☐ Cystic Fibrosis
- ☐ Down Syndrome
- ☐ Hearing Impaired
  - ☐ Has Hearing Aids
  - ☐ Has Cochlear Implant
- ☐ Intellectually Disabled
  - ☐ Mild
  - ☐ Moderate
  - ☐ Severe
- ☐ Language Impaired
- ☐ Learning Disabled
- ☐ Physically Impaired
- ☐ Psychological Diagnosis
- ☐ Seizure Disorder
- ☐ Speech Impaired
- ☐ Social Skills Concerns
- ☐ Spina Bifida
- ☐ TBI
- ☐ Visually Impaired
- ☐ Syndrome: _____ _____
- ☐ Other: _____ _____ _____

EMERGENCY CONTACT

(other than parent- we will try parent numbers first)

Name: _____

Phone #1:_____ #2: _____

Relationship: _____

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Child's Name: _____

Parents-
Below is an expanded medical information section. We are asking you to fill out more information so that we have a more complete medical history on your child. Please be thorough and honest- all information will be kept **confidential.**

MEDICAL INFORMATION

Does your camper currently have or have ever had?

Allergies	☐ Yes	☐ No	Asthma	☐ Yes	☐ No	Hepatitis B	☐ Yes	☐ No
Hay fever	☐ Yes	☐ No	*Uses Inhaler?*	☐ Yes	☐ No	Hepatitis C	☐ Yes	☐ No
Poison Ivy/Oak	☐ Yes	☐ No	Chicken Pox	☐ Yes	☐ No	High blood pressure	☐ Yes	☐ No
Insect Stings	☐ Yes	☐ No	Diabetes	☐ Yes	☐ No	HIV+	☐ Yes	☐ No
Medications	☐ Yes	☐ No	*Requires insulin shots?*	☐ Yes	☐ No	Measles	☐ Yes	☐ No
Latex	☐ Yes	☐ No	Head injury	☐ Yes	☐ No	Mumps	☐ Yes	☐ No
Animals	☐ Yes	☐ No	Passed out during or after exercise?	☐ Yes	☐ No	Seizures (details below)	☐ Yes	☐ No
Foods	☐ Yes	☐ No	Chronic or recurring illness?	☐ Yes	☐ No	Tuberculosis	☐ Yes	☐ No
Food/Animals:_____			Heart defect/disease	☐ Yes	☐ No	Wear glasses	☐ Yes	☐ No
_____			Heat stroke/exhaustion	☐ Yes	☐ No	Wears contacts	☐ Yes	☐ No
_____			Hepatitis A	☐ Yes	☐ No	Are Immunizations up to date?	☐ Yes	☐ No

List any activities the participant cannot participate in due to medical conditions: _____

Please share any other important medical info we need to know for the safety of your child, our volunteers and staff: _____

_____

_____

_____

_____

SEIZURES (Fill out if athlete has seizures)

Type:	Frequency	Warning Signs	First aid procedures	Managed by Meds?
	☐ Multiple a day			☐ Yes
	☐ Daily			☐ No
	☐ Weekly			
	☐ Monthly			
	☐ 2-3 a month			
	☐ _____			

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Child's Name: _____

COMMUNICATION

☐ Age appropriate ☐ Functional ☐ Non-verbal ☐ Uses Sign ☐ Uses Comm System

MOBILITY

☐ Ambulatory (Independent) ☐ Ambulatory (Needs Assistance) ☐ Walker ☐ Wheelchair (Independent) ☐ Wheelchair (Needs Assistance)

BEHAVIOR/EMOTIONAL

Has your child been hospitalized or placed in a residential facility for emotional reasons? ☐ No ☐ Yes Dates: _____

Does your child have any clinical diagnosis (es)? Diagnosis (es): _____

Does your child exhibit any of the following? (check all that apply if child has EVER done any of the following)

☐ Elopes/Runs ☐ Screams/Yells Physically Aggressive

☐ Withdraws from others ☐ Uses bad language ☐ Tries to fight ☐ Bites ☐ Pinches/Scratches

☐ Throws/Destroys things ☐ ☐ Hits/Kicks ☐ Spits ☐ Tries to hurt self

Triggers-What causes your child to act out / get anxious / display inappropriate behavior?

☐ Large groups of people ☐ Leaving a preferred activity ☐ When things are "unfair" ☐ Other: _____

☐ Loud noises ☐ When peers get more attention ☐ Not winning a game _____

☐ Changes in schedule ☐ When feeling unheard/ not listened to ☐ _____

What helps your child de-escalate / calm down?

☐ Physical Space ☐ Using a count down ☐ Sensory supports: ☐ Other: Describe

☐ Timer ☐ Limited verbal interaction List:_____ _____

☐ Physical Supports (restraint), etc.) ☐ Visual Supports _____ _____

☐ Visual Schedule ☐ Give options / Choices _____ _____

_____ _____

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Child's Name: _____

LIMITED PERSONAL INFORMATION RELEASE

I/We do hereby give permission to release limited personal information (ie. first & last name, email address, phone number) of myself, parent/guardian, requested by families of TASK participants. ***Please be aware, NO personal information of athletes/participants, can or will be released under any circumstances to other families.***

☐ Yes, I give my permission ☐ No, I do not give my permission

Parent/Guardian Signature: _____ Date:_____

PARTICIPATION RELEASE

I/We the parent(s)/guardian(s) of said athlete do hereby release and forever discharge TEAM ACTIVITIES FOR SPECIAL KIDS (TASK), its agents, employees and volunteers from all claims and demands, actions and causes of action, damages, cost, loss of service, expenses and compensation on account of, or in any way growing out of bodily injuries and property damage resulting, or to result from any accident that may occur as a result of, or on account of the participation in the TASK league or TASK activities, whether the result of the negligence of TASK, its agents, employees or volunteers.

Parent/Guardian Signature _____Date: _____

MEDIA RELEASE

Team Activities for Special Kids (TASK) is granted by RELEASE the right to photograph/video my child as well as the right to display, publish, or exhibit this photograph/video on any medium (includes but not limited to: print, video, Facebook, Twitter, web etc). TASK is also released from any future claims of liable, slander or any other claim.

☐ Yes, I give my permission

☐ No, I do not give my permission

Parent/Guardian Signature _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION FOR MEDICAL ATTENTION

The above health history is accurate to the best of my knowledge. I hereby give TASK my permission to order X-Rays, routine tests, and treatment for the health of my child in the event that I or the emergency contacts cannot be reached. I hereby give permission to the physician selected by TASK to hospitalize, secure proper treatment and/or to order injection and/or anesthesia and/or surgery for my child as named above.

Yes, I give my permission No, I do not give my permission

Parent/Guardian Signature: _____ Date:_____

TASK BEHAVIOR POLICY

The mission of TASK is to provide a supportive environment where individuals with physical and intellectual disabilities can succeed and gain independence, responsibility, and self-esteem. TASK wants your athlete to have a successful experience. We feel that all athletes, staff, and volunteers should feel safe and comfortable in our program.

TASK staff will contact you if your child is having a difficult time participating in activities. Specific follow-up plans will be put in place per a parent-staff discussion.

If the athlete's actions continue to be an issue, TASK reserves the right to dismiss your child if he or she exhibits inappropriate behavior or is not having a successful recreational experience. This includes, but is not limited to, participants that exhibit aggressive behaviors, cause harm to either themselves or others, or is unable to be redirected. Dismissal is done at the discretion of the Director.

I acknowledge the importance of the TASK Behavior Policy and agree to abide by the guidelines.

Parent/Guardian Signature _____ Date: _____

SIGNATURES ARE REQUIRED TO PARTICIPATE.