



All info must be provided. Please print all information.

Today's Date: \_\_\_\_/\_\_\_\_/2018

**PARTICIPANT'S INFO**

\_\_\_\_\_ Male Female Left Right  
 First Name Last Name Gender: Handed:  
 / /

\_\_\_\_\_  
 Birth Date Age School and District Home Phone

\_\_\_\_\_ City State Zip  
 Address

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

**EMERGENCY CONTACT**  
 (other than parent- we will try parent numbers first)

Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ #2: \_\_\_\_\_

Relationship: \_\_\_\_\_



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**.

<b>MEDICAL INFORMATION</b>					
Does your camper currently have or have ever had?					
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hay fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Uses Inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis C	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poison Ivy/Oak	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insect Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV+	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requires insulin shots?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Latex	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passed out during or after exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures (details below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic or recurring illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food/Animals: _____		Heart defect/disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wear glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		Heat stroke/exhaustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wears contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		Hepatitis A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Immunizations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____					
_____					
_____					
_____					

<b>SEIZURES (Fill out if athlete has seizures)</b>				
Type:	Frequency	Warning Signs	First aid procedures	Managed by Meds?
	<input type="checkbox"/> Multiple a day			<input type="checkbox"/> Yes
	<input type="checkbox"/> Daily			<input type="checkbox"/> No
	<input type="checkbox"/> Weekly			
	<input type="checkbox"/> Monthly			
	<input type="checkbox"/> 2-3 a month			
	<input type="checkbox"/> _____			



**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      \_\_\_\_\_

2019 TASK

APPLICATION PACKET

TASK, 980 Horan Drive, Fenton, Missouri 63026

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.**