

Recreation Program Participation Form

Participants Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Date of Birth: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Emergency Phone #'s: _____

Special needs/challenges (elopement,
communication, habits, etc.): _____

Medical Information ~ Date: _____

Allergies: _____

Limitations: _____

Medication: _____

Seizure History: _____

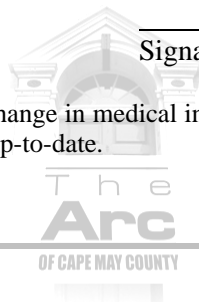
Medicaid/Medicare #: _____

Doctor's Name & Number: _____

I, _____, hereby give permission to The Arc to initiate any/all emergency treatment necessary for the health and safety of _____. I will accept all fees incurred for emergency treatment. I release The Arc from any liability for illness or injury while involved in the services of this agency. *A copy of this form will be on site at all programs this person attends.*

Signature

NOTE: During the year, if there is a significant change in medical information, you must contact The Arc to request a new form so that medical information remains up-to-date.



Recreation Program Emergency Contact Information

In an effort to be prepared in case of Recreation Program changes or unexpected emergencies during a Recreation Program event, the following information is being requested. Should you have any questions, please do not hesitate to contact Michael Holmes via cellular phone at (609) 780-6187.

Name of Recreation Participant: _____

Name of Primary Contact: _____

Relationship to Participant: _____

Primary Contact Address: _____

Primary Contact Telephone Number: _____

Secondary Number for Primary Contact: _____

Primary Contact Email Address: _____

If the Primary Contact is not available please identify an Emergency Contact who can be called in case of emergency:

Name of Emergency Contact: _____

Relationship to Participant: _____

Emergency Contact Telephone Number: _____

Secondary Number for Emergency Contact: _____

Click here to submit via email: