

DCR UNIVERSAL ACCESS PROGRAM

2019 Participant Registration & Release Form

OFFICE: __V__ P__ D__ PCA__ GS__ W__ DB__ IN__
Group Name _____ NEW

Please complete one form for each adult participant. Children may be registered along with an adult family member on the same form. You must have a parent or legal guardian to register a child under the age of 18 years old.

SECTION 1: General Information (Please print clearly)

Name(s): _____

Address: _____

Phone: _____

City/Town: _____

Cell Phone: _____

State: _____ Zip Code: _____

Emergency Contact (First & Last Name & Phone Number): _____

Email: _____

Veteran Status (optional): Yes, I have served in the U. S. Military

Would you like to receive a twice yearly newsletter by: Email Mail?

Where did you hear about our programs?

- | | | | | |
|--------------------------------------|-----------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Brochure | <input type="checkbox"/> DCR Website | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Access Rec Boston |
| <input type="checkbox"/> Job /Client | <input type="checkbox"/> Flyer | <input type="checkbox"/> Walking by | <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |

Section 2: Medical information
(All medical information is confidential)

Please check all medical conditions you have or have had in the past:

Disability Categories:

<input type="checkbox"/> Cognitive	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Disorder
<input type="checkbox"/> Sensory	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Neurological
<input type="checkbox"/> Other _____		

- | | | |
|---|---|--|
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Traumatic/Acquired Brain Injury | <input type="checkbox"/> High Blood Pressure/Heart Disease |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Life Threatening Allergies |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lung/Breathing Disorder | <input type="checkbox"/> Spinal Cord Injury Level: _____ |
| <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Weakness or Paralysis of Extremities | <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side |

Have you fallen in the past 5 years? Yes No If yes, please explain: _____

Do you use any assistive devices (i.e. wheelchair, hearing aids, oxygen etc.): _____

Do you carry any medications? If yes, please describe what and where you keep it: _____

2019 PARTICIPANT REGISTRATION FORM

Name: _____ Height: _____ Weight: _____ Date of Birth: ____/____/____

___ Yes ___ No Can you independently form a water tight seal with your mouth?

___ Yes ___ No Can you independently hold your head above water?

___ Yes ___ No Can you independently turn your face up in the water while wearing a life jacket?

___ Yes ___ No Can you alert program staff to your needs?

___ Yes ___ No Will you be able to refrain from behaviors that pose a risk to yourself and/or others? (I.e. Pica, aggression, lack of safety awareness, wondering away from the group)

___ Yes ___ No Will a Personal Care Assistant accompany you? If yes, please provide his/her name: _____

Please offer any additional information you feel program staff should be aware of for your safety and comfort:

The below signed, on behalf of the above mentioned participant, in connection with his/her participation in events held by DCR's Universal Access Program hereby release the Commonwealth of Massachusetts, Department of Conservation and Recreation, and its employees, permittees, vendors, agents, representatives, volunteers and other governmental entities working for or with DCR ("Providers") from any and all liability, loss, damages, costs, claims and/or causes of action, including but not limited to property damage and emotional and bodily injuries, including death, arising in any way from my or my child's or ward's enrollment or participation in any program, course or recreational activity of every type and description provided or sponsored by the Providers.

I understand that my or my child's or ward's participation in such program, course or recreational activity may involve risk and the possibility of injury to me or to my child or ward, and to others, and of property damage. I hereby release and hold the Providers harmless from liability for any such injury or damage, whether incurred by me, my minor child or my ward, and including any injury that may occur as a result of emergency care provided by the Providers. I also hereby indemnify the Providers from any liability, loss, damages, costs, claims and/or causes of action brought by the minor child, the ward, or members of the minor child's or ward's family arising from their enrollment or participation, and from claims of others who I or my child or ward injure while participating in such program, course or recreational activity, including any injury that may occur as a result of emergency care provided to others by the Providers.

The below signed, on behalf of the below mentioned participant, in connection with his/her participation in events held by DCR's Universal Access Program, gives my permission for the Commonwealth of Massachusetts, including it DCR, to use photographs and/or videotape of me or the participant for publicity and media purposes, including but not limited to internet publications and inclusion in any DCR publication.

Individual Participant: SIGN HERE

DATE

If participant is under 18 years of age or has a legal guardian, signature of parent/guardian is required:

Parent/Legal Guardian (Signature)

Parent/Legal Guardian Name (Please Print)