



# 2022 Participant Registration & Release



Staff Notes: P D PCA CG GS W VOL  First day NEW to UAP  
 Group Name \_\_\_\_\_ DB date: \_\_\_\_\_

Please complete one form for each adult participant. Children may be registered along with an adult family member on the same form. If a participant is under 18 years of age or has a legal guardian, a signature from a parent or the guardian is required.

## Section 1: General Information (Please print clearly)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact (first & last name & phone): \_\_\_\_\_

I would like to receive a twice yearly newsletter by:  Email  Mail

Veteran status (optional):  I have served in the U. S. Military

Where did you hear about our programs?

UAP Newsletter  Brochure/Flyer  Internet  Word of mouth  Job /Client  Other: \_\_\_\_\_

## Section 2: Health Information (All health information is confidential)

### Disability Categories: (please check all that apply)

- Mobility: \_\_\_\_\_  Blind/Visual: \_\_\_\_\_  Deaf/Hearing: \_\_\_\_\_  
 Cognitive: \_\_\_\_\_  Social/Behavioral: \_\_\_\_\_  Psychiatric: \_\_\_\_\_  
 Other: \_\_\_\_\_  I don't want to identify my disability  I don't have a disability

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

- Seizure Disorder  Traumatic/Acquired Brain Injury  Spinal Cord Injury Level: \_\_\_\_\_  
 Dementia  Bleeding Disorder  Life-Threatening Allergies: \_\_\_\_\_  
 Diabetes  Lung/Breathing Disorder  High Blood Pressure/Heart Disease  
 Loss of Balance  Weakness or Paralysis of Extremities on  Left Side  Right Side  
 Other health information: \_\_\_\_\_  
 I have fallen in the past 5 years. Please explain: \_\_\_\_\_  
 I use an assistive device (e.g. wheelchair, hearing aid, oxygen, etc.): \_\_\_\_\_  
 I carry the following medications: (please also tell us where you keep them) \_\_\_\_\_

## 2022 PARTICIPANT REGISTRATION AND RELEASE 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? (e.g. Pica, aggression, lack of safety awareness, wandering away from the group.)

Yes  No Will a Personal Care Assistant accompany you? If yes, please provide their name: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned, 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 undersigned, 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 its 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.

/S/

\_\_\_\_\_  
Participant Signature/Electronic Signature

\_\_\_\_\_  
DATE

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

/S/

\_\_\_\_\_  
Parent/Legal Guardian Signature/Electronic Signature

\_\_\_\_\_  
Parent/Legal Guardian Name (Please Print)