

Opportunities for Inclusion, Inc. Recreation PLUS - Summer 2019 Registration Form

Activity List: Please check off any activity you are registering for.				
<input type="checkbox"/> Martin	<input type="checkbox"/> Soft Touch	<input type="checkbox"/> Sailing Trip	<input type="checkbox"/> Fishing July	<input type="checkbox"/> Miniature Golf
<input type="checkbox"/> American	<input type="checkbox"/> East Coast Soul	<input type="checkbox"/> Riverfest	<input type="checkbox"/> Lowell Spinners	<input type="checkbox"/> Chinatown
<input type="checkbox"/> Reminisants	<input type="checkbox"/> Mystique	<input type="checkbox"/> Canobie Lake	<input type="checkbox"/> Science Museum	<input type="checkbox"/> Boston Bowl
<input type="checkbox"/> Studio 2	<input type="checkbox"/> Art for All	<input type="checkbox"/> Disney Movie	<input type="checkbox"/> Pirates Football	<input type="checkbox"/> Music Night
<input type="checkbox"/> Tom Bruhl	<input type="checkbox"/> I Love Dance	<input type="checkbox"/> Fishing June	<input type="checkbox"/> Healthy Cooking	<input type="checkbox"/> Seekonk Speedway

Participant Information:							
Name:							
Address:			City & Zip:				
Phone Number:			Date of Birth:				
E-Mail Address:							
Sex	Race	Age	Height	Weight	Build	Hair Color	Eye Color

Distinguishing Marks, Scars, Etc. :

Medical Information:	Yes	No	If yes, please explain.
Allergies; including food:			
Medications:			
Seizures:			
Physical Limitations:			
Visual Problems:			
Auditory Problems:			
Other:			

Emergency Contact Information: Please provide two contacts.			
Person #1:		Person #2:	
Relationship:		Relationship:	
Home Phone #:		Home Phone #:	
Cell Phone #:		Cell Phone #:	
Other Phone #:		Other Phone #:	

Activities for Daily Living:	Independent	Needs Assistance	Please explain.
Toileting:			
Eating:			
Dressing:			

Please complete both sides of this form. Thank you.

I will notify Opportunities for Inclusion staff of any behavioral concerns that occur within 24 hours of an activity. Opportunities for Inclusion will determine if the participant will require additional staffing support to attend the event. Additional staffing support is the responsibility of the family/or residential program as noted in the Recreation PLUS Policy and Procedures.

I authorize **Opportunities for Inclusion** staff to perform First Aid and seek emergency medical treatment if necessary for the above-named applicant. I also give permission for **Opportunities for Inclusion** staff to transport the above-named applicant in any vehicle used by **Opportunities for Inclusion** and waive all claims and compensation for damages.

Signature:		Date:	
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