

Opportunities for Inclusion, Inc. Recreation PLUS - Winter 2018– 2019 Registration Form

Please complete both sides of this form. Thank you.

Activity List: Please check off any activity you are registering for.					
<input type="checkbox"/> Nutcracker	<input type="checkbox"/> Pizza & Karaoke	<input type="checkbox"/> N.U. Hockey	<input type="checkbox"/> I Love Dance	<input type="checkbox"/> Peabody Museum	
<input type="checkbox"/> Yoga	<input type="checkbox"/> Brandeis Buddies	<input type="checkbox"/> Holiday dance Party	<input type="checkbox"/> Blink	<input type="checkbox"/> Game Underground	
<input type="checkbox"/> Line Dancing	<input type="checkbox"/> Mall Night	<input type="checkbox"/> Bank Tour	<input type="checkbox"/> Lifesaving Museum	<input type="checkbox"/> Disney Movie	
<input type="checkbox"/> Disney on Ice	<input type="checkbox"/> Dinner and Movie	<input type="checkbox"/> Art for all	<input type="checkbox"/> Bentley Basketball	<input type="checkbox"/> Art Exhibit	

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. :
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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 attach any other information you feel is necessary for the participant's health and safety during activities.

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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Note: If you have a guardian, they MUST sign this form.



