

MCS Fun and Fitness Program Registration

Participant's Name _____ Birth Date _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Relation _____

Primary Phone _____ Secondary Phone _____ Work Phone if at work in the evening/or on weekends _____ Email _____

Can we text you with any program changes _____ Phone number we can text you _____

Emergency Contact Name _____ Relation _____ Phone _____

Medical Information

Seizure Disorder (y/n) _____ Grand or Petite Mal? _____ Date of Last Seizure _____

Physical Limitations _____ hemophilia _____

Hearing Impairment (y/n) _____ Visual Impairment (y/n) _____ Heart Condition(explain) _____

_____ Asthma (y/n) _____ Inhaler _____

Diabetes (explain) _____

Allergies/Epi pen _____

Food _____ Environment _____

Medication _____

Assisted Devices _____

Medication if any-list below // Is participant self-medicating?

Name _____ For _____ Dosage _____ Time _____

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Primary Insurance Carrier _____ Policy Number _____

Primary Doctor _____ Phone _____

Is participant afraid of heights? _____ Swimming Ability _____

Can participant go out of state? _____

Behavioral issues _____ How should we handle them _____

Describe his/her behavior when not getting their way _____

Any other information staff should be aware of _____

Level of staffing if not 1:6 _____

Eat independently? _____ if no what kind of assistance is needed _____

Toilet independent? _____ if no what kind of assistance is needed _____

Photo release? I _____ give my permission for photos of my participant to be used for Facebook, promotion and advertising the Fun Fit program _____ signature