

Participant Profile

Date: _____

Participant Information

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

Date of Birth: _____ Age: _____ Language at Home: _____

Previous Camper? Yes / No Gender: M / F

How did you hear about our programs? _____

Diagnosis and/or Disabilities: _____

Is he/she aware of his/her diagnosis? _____

Household/Family Information

Parent/Guardian 1 Name: _____ Relationship: _____

Address: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian 2 Name: _____ Relationship: _____

Address: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If custody is shared or one parent/guardian does not have legal/physical custody, please describe agreement. _____

Is there anyone who cannot pick up your child? _____

In case of emergency, The Bridge Center will first try to contact the parents. If they cannot be reached, who may we call as emergency contacts? These individuals should be able to pick up your child from the program, if needed.

Contact 1: _____ Phone Number: _____ Relationship: _____

Contact 2: _____ Phone Number: _____ Relationship: _____

General Information

Interests or Hobbies: _____

We understand that participants may get anxious or frustrated at times during program activities. Causes of anxiety, frustration, etc., including specific activities, social situations, or sensory experiences, are:

How can our staff see early stages of these feelings? _____

Participant Profile

Name: _____

Please describe participant's response to anxiety and frustration (e.g. withdraw, cry, yell, aggress, etc.).

Effective supports and responses to challenging behavior: _____

School/Provider Information

Current Grade: _____ School: _____ City: _____

Please describe current classroom or school program. Include a description of inclusion, pull-out services, therapies (OT, PE, SLP, APE, etc.), size of classroom, and ratio.

Is academic work modified in content? Y / N How? _____

Specific supports that have been useful include: _____

Level of support needed to fully participate in recreational activities: (Please indicate by circling)

Intermittent – Support from time to time, especially for new or stressful situations.

Limited – Regular support to navigate and access activities and situations.

Extensive – Ongoing support for day-to-day activities and routines.

Pervasive – Continuous support for all activities and routines.

If applicable, please provide us with a copy of your child's IEP to assist us in planning how to best meet his/her needs in our setting.

Mobility Supports

Please describe any mobility equipment used, including wheelchair (manual/electric), walker, crutches, prosthesis, braces, etc. _____

Please provide any specific instructions, such as times when equipment doesn't need to be used, etc.

Does s/he support her/his own weight for transfers? Y / N

Please provide specific instructions for transfers, if applicable: _____

Participant Profile

Name: _____

Daily Living Supports

Please describe any adaptive equipment for eating (e.g. special cups/plates, etc.). Please send labeled equipment to program activities that include lunch/snack. _____

Demonstrates bladder control...

Daytime: Y / N

Night: Y / N

Demonstrates bowel control...

Daytime: Y / N

Night: Y / N

Wears diapers/briefs? Y / N (Please send enough for activity) For summer campers, swim briefs are required for participation in swimming activities.

Please describe the type and level of assistance needed for toileting, along with a typical toileting schedule. _____

Communication Supports

Does the participant communicate verbally? Y / N

Please describe how the participant communicates (sign, verbally, pictures, augmentative system, etc.).

Identifying Information

Please share the following identifying information about the participant, which would be used in case of emergency. It has no impact on program enrollment. Please attach a recent photo.

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Race: Caucasian Black Latino Asian Multi-Racial Other

Please submit this **Participant Profile** to The Bridge Center with:

- A recent photo
- A registration form and registration payment
- Health History form
- IEP, Behavioral Support Plan, and/or any other evaluations or important documents if possible

Releases and Waivers

Participant's Last Name: _____

Participant's First Name: _____

RELEASE AND WAIVER OF LIABILITY

A. Medical Liability

All activities provided through The Bridge Center are under strict supervision and, although every effort is made to avoid accidents or injuries, I understand that participation in these programs may have an associated risk of injury. I hereby forever release, acquit, discharge, hold harmless, and indemnify the agents, employees, volunteers, directors, and other representatives of The Bridge Center from any and all claims, demands, and damages now or in the future against The Bridge Center or its representatives as described previously, on account of personal injury, physical/mental condition, an/or treatments that result from the acts or participation in activities, events, or programs of The Bridge Center, including but not limited to their negligence or gross negligence in rendering services except as specifically prohibited. I understand that no liability can be taken by The Bridge Center for its activities, including riding programs. Under MA law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Parent/Guardian Signature: _____

B. Medical Treatment

In the event that my child requires medical treatment, I authorize health supervisors to provide basic medical/first aid/immediate emergency care. In the event that, while involved with a Bridge Center program, my child requires any emergency treatment or care as deemed necessary by medical professionals, I authorize The Bridge Center to secure such medical treatment and transportation, and to release my child's records at the request of medical professionals. I understand that The Bridge Center staff will make every effort to contact me in the event of an emergency.

Parent/Guardian Signature: _____

Any parent/guardian who does not consent must submit a written notice of non-consent, provided specific alternate instructions, with this form.

C. Photo Waiver

It is understood and agreed that The Bridge Center reserves the right to take and utilize pictures, likenesses, videos, and testimonials of participants for promotional purposes including, but not limited to; reports, publications, brochures, e-mails, our website, and other instances of online presence.

I grant permission I do not grant permission

Parent/Guardian Signature: _____

D. Sunscreen/Bug Spray

I understand the following bug spray/sunscreen policy of The Bridge Center: We recommend that all campers and staff wear sunscreen with a SPF of at least 15 on all exposed skin, including lips, even on cloudy days. We recommend that all campers and staff use bug spray. Parents/legal guardians will be responsible for providing their child with enough sunscreen and bug spray to take with them for applications throughout the day. Please include one container of each per child, labeled with your child's name so that your child may have sunscreen and bug spray applied to them by the camp staff.

Parent/Guardian Signature: _____

E. Over-the-Counter Medications

I hereby give The Bridge Center permission to administer the following over-the-counter medications or their equivalents if staff/healthcare supervisors deem this necessary, and according to dosage instructions: sunscreen, bug spray. Tylenol, ibuprofen, Pepto Bismol, antacid, calamine lotion, anti-itch lotion, aloe vera, moisturizing lotion, Benadryl. Please cross out any not to be administered.

Parent/Guardian Signature: _____

F. Search of Belongings

I hereby authorize The Bridge Center to search my child's belongings, when the health and well-being of campers, staff, or volunteers requires it, at staff discretion.

Parent/Guardian Signature: _____

To discuss any questions or concerns regarding this agreement, please contact The Bridge Center at 508-697-7557.