

### PARTICIPANT

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Number of people in household: \_\_\_\_\_

Participants' Shirt Size \_\_\_\_\_ Short Size \_\_\_\_\_ Access # \_\_\_\_\_ DART # \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

### PARENT / LEGAL REPRESENTATIVE → Sign Form Below ←

Name 1 SIGN FORM BELOW Cell # \_\_\_\_\_ Evening # \_\_\_\_\_ Day # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

E-mail \_\_\_\_\_ Relationship: Mother Father Representative Other \_\_\_\_\_

Name 2 \_\_\_\_\_ Cell # \_\_\_\_\_ Evening # \_\_\_\_\_ Day # \_\_\_\_\_

E-mail \_\_\_\_\_ Relationship: Mother Father Representative Other \_\_\_\_\_

### LOCAL EMERGENCY CONTACTS AND ALTERNATE PICK UP (please list ALL alternate pick up people) → Use back side if needed

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_ Relationship \_\_\_\_\_

### CASE MANAGER (speak with your case manager to see if your DDA respite funds may be used to pay for programs)

Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) Email: \_\_\_\_\_

### HEALTH INFORMATION (particularly valuable for drop-off programs and camps) → Use back side if needed

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Primary Diagnosis: _____   | <input type="checkbox"/> Asthma or <input type="checkbox"/> Breathing issues  | <input type="checkbox"/> Blind* or <input type="checkbox"/> Visually impaired  |
| <input type="checkbox"/> Secondary/Other Diagnosis: _____   | <input type="checkbox"/> Combative/Aggressive behavior*                       | <input type="checkbox"/> Hearing loss / <input type="checkbox"/> Hearing aid   |
| Heart: <input type="checkbox"/> Disease <input type="checkbox"/> Defect <input type="checkbox"/> High blood pressure                  | <input type="checkbox"/> Easy bleeding or <input type="checkbox"/> Anemia     | <b>ALLERGIES</b>   |
| Pain: <input type="checkbox"/> Chest <input type="checkbox"/> Joints <input type="checkbox"/> Chronic:                                | <input type="checkbox"/> Sickle cell trait/disease                            | <input type="checkbox"/> None  |
| <input type="checkbox"/> Seizures <input type="checkbox"/> Epilepsy <input type="checkbox"/> Fainting <input type="checkbox"/> Spells | Uses: <input type="checkbox"/> Wheelchair* or <input type="checkbox"/> Walker | <input type="checkbox"/> Food:   |
| Emotional*: <input type="checkbox"/> Psychiatric or <input type="checkbox"/> Behavioral diagnosis                                     | <input type="checkbox"/> Bone or <input type="checkbox"/> Joint problem       | <input type="checkbox"/> Medicines:  |
| History of: <input type="checkbox"/> Concussion or <input type="checkbox"/> Serious head injury                                       | <input type="checkbox"/> Diabetes or <input type="checkbox"/> Special diet    | <input type="checkbox"/> Insect stings/bites: <input type="checkbox"/> Epi-Pen |
| History of: <input type="checkbox"/> Major surgery or <input type="checkbox"/> Serious illness  | <input type="checkbox"/> Cerebral Palsy or <input type="checkbox"/> Stroke    | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Incontinence*  | <input type="checkbox"/> Other:   | Last tetanus: Mo: _____ / Year: _____  |

### MEDICATIONS \*Staff/Volunteers do not provide personal care, toileting, feeding, restraint or 1:1 support. Aide/Caregiver welcome free at programs (excluding admission fees).

Name	Approx. Date Started	Taken	Can/Does Participant Administer? <small>(Staff does NOT administer medication)</small>
	Mo: _____ / Year: _____	AM PM OTHER: _____	YES NO
	Mo: _____ / Year: _____	AM PM OTHER: _____	YES NO

Anything else to know medically and/or regarding health about Participant(s)? \_\_\_\_\_  
→ Use back side if needed

### BEHAVIORAL SUPPORT (Things to know, things to look out for, tips, things that help support/redirect, etc.) → Use back side if needed

Requires 1:1 support\*. \*Must attend with aide/caregiver. Name of aide/caregiver: \_\_\_\_\_

This section is optional and information is **CONFIDENTIAL**. Information is needed to qualify for some grant and funding sources. Please circle responses.

Yearly Household Income: One Person Household: \$20,200 or less    \$20,201-33,600    \$33,601-50,400    \$50,401+

Two+ Person Household: \$23,050 or less    \$23,051-38,400    \$38,401-57,600    \$57,601+

Male Female Veteran: Yes No Spouse of a Veteran: Yes No Homeless: Yes No

American Indian/Alaska Native Asian African American White Hawaiian Native/Pacific Islander Hispanic/Latino Multiracial Unknown

### PARENT / LEGAL REPRESENTATIVE AUTHORIZATIONS

**Photos/Videos:** Photos and videos are invaluable in Wranglers promotion, in raising awareness and in advocacy. I do NOT (if checked) wish photos or videos taken of  me or my  Participant(s) to be used in promotions. (Leave unchecked to permit use.)

**Release/Waiver:** I release Northshore Senior Center and all of its agents from any liability for any accident, injury or damages of any kind to any persons or property that may occur while participating in any Northshore Wranglers, Northshore Senior Center or Northshore Health & Wellness Center activity:

→→ **PARENT / REPRESENTATIVE SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_ ←←

# CODE OF CONDUCT

For Members, Clients, Volunteers, Participants, Families, and Caregivers

**PURPOSE OF CODE:** The purpose of the Code of Conduct is to promote a pleasant environment of cooperation and support at the Northshore Senior Center and to ensure a safe and friendly environment to all participants and members.

**CODE OF CONDUCT:** All participants and members shall conduct themselves in a manner which will maintain a safe, pleasant and friendly environment for everyone. Our goal is to provide a warm, welcoming atmosphere.

**VIOLATIONS OF CODE OF CONDUCT:** The following are examples, but are not limited to violations of the Code of Conduct that will result in exclusion either temporary or permanent:

- Unauthorized use of alcohol, tobacco or drug use
- Discrimination on the basis of Age, Ancestry, Breastfeeding in a public place, Color, Creed, Disability, Gender identity, Marital status, National Origin, Parental status, Political ideology, Race, Religion, Sex, Sexual orientation, Use of a service animal, Military status or Veteran.
- Use of lewd, profane, disrespectful, or other threatening language or tone of voice.
- Abusive behavior including verbal harassment, menacing or threatening behavior, physical violence, sexual harassment or other unacceptable social behaviors.
- Destruction, damage or theft of property at the Center or program site. Unauthorized use of Center property.
- Interference with the operation of classes, programs, services or Center activities.
- Interference with the activities of other clients, participants, members or volunteers.
- Interference with the work of the staff.
- Poor personal hygiene which interferes with participation of others in programs or activities.
- Being in the Center after hours without authorization, or not leaving the Center in a timely manner when asked.

## Statement of Rights of Participants

- The right to be treated as an adult, with respect and dignity.
- The right to participate in a program of services and activities that promote positive attitudes about one's usefulness and capabilities.
- The right to participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents.
- The right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.
- The right to self-determination within the day care setting, including the opportunity to:
  - participate in developing one's plan for services
  - decide whether or not to participate in any given activity
  - be involved to the extent possible in program planning and operation.
- The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.
- The right to privacy and confidentiality.

Please Sign and Date Confirming that you read and understand the Code of Conduct and Statement of Rights.

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Participant/Representative Signature

Date