



NORTHSHORE INCLUSION PROGRAM PARTICIPANT FORM

COMPLETE BOTH SIDES OF FORM ONCE PER CALENDAR YEAR

2020

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

→ Use back side if needed

- Primary Diagnosis: _____
- Secondary/Other Diagnosis: _____
- Heart: Disease Defect High blood pressure
- Pain: Chest Joints Chronic:
- Seizures Epilepsy Fainting Spells
- Emotional*: Psychiatric or Behavioral diagnosis
- History of: Concussion or Serious head injury
- History of: Major surgery or Serious illness
- Incontinence*
- Asthma or Breathing issues
- Combative/Aggressive behavior*
- Easy bleeding or Anemia
- Sickle cell trait/disease
- Uses: Wheelchair* or Walker
- Bone or Joint problem
- Diabetes or Special diet
- Cerebral Palsy or Stroke
- Other:
- Blind* or Visually impaired
- Hearing loss / Hearing aid
- ALLERGIES**
- None
- Food:
- Medicines:
- Insect stings/bites: Epi-Pen
- 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? (Staff does NOT administer medication)
	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

Sexual Orientation: Bisexual Gay Heterosexual Lesbian Questioning Other

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. If checked I do NOT 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 Senior 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.

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

Participant Signature _____ Date _____

Primary Guardian/Caregiver Signature _____ Date _____

DDA AGREEMENT

For Participants who utilize DDA funds to pay for classes and programs

DDA Funds may be used to pay for Classes and Sports with the Northshore Wranglers Inclusion Program.

- Registration for the participant must be completed upon the due date posted on the registration form each quarter
- Should your DDA funds available be less than the amount owed for the quarter, the participant or their family will be privately responsible for paying the remainder of the invoice before being able to participate in programming the following quarter.
 - If you are unsure if your funds available will cover classes, please speak with your DDA case manager. Northshore Senior Center does not access to or track available hours for families.

Please sign below to confirm that you have read and agree to the above terms for utilizing DDA Funds as payment for classes.

Primary Guardian/Caregiver Signature _____ Date _____