



# Program Registration Forms

PARTICIPANTS NAME: \_\_\_\_\_  
First Middle Initial Last

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street/PO Box City State Zip

PHONE/EMAIL: \_\_\_\_\_  
Phone Parent Email (program communication and billing)

PAYEE EMAIL (IF APPLICABLE): \_\_\_\_\_

CARE PROVIDER/PARENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT LIVING ARRANGEMENTS, CHECK ONE:

IN OWN HOME/APT \_\_\_\_\_

PRIVATE HOMEWITH PARENT \_\_\_\_\_

GROUP HOME \_\_\_\_\_

GROUP HOME NAME AND ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GROUP HOME CONTACT PERSON:

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

**One on One care is defined by SNR as meeting one or more of the following criteria:**

1. The participant exhibits behavior problems such as aggression, explosive outbursts, run away.
2. The participant cannot follow simple directions.
3. The participant is not toilet trained.
4. The participant will not remain in a group setting, wanders.
5. The participant cannot perform basic care; walk w/o assistance, feed themselves, keep track of

Will your participant require one on one care? Circle one: YES NO  
(this is not provided by SNR)



# Program Registration Forms

Check all that apply and provide details if necessary (eg: easily fatigued, wanders, feeding or toileting assistance, etc.)

	ADD/ADHD	
	Amputee/Adapt Equip	
	Autism	
	Blind	
	Brain Injury	
	Cerebral Palsy	
	Deaf	
	Diabetes	
	Down Syndrome	
	Epilepsy	
	Heart Problems	
	Learning Disability	
	Multiple Sclerosis	
	*One on One Required	
	Non-Verbal	
	Seizures	
	Wheelchair Restricted	



# Program Registration Forms

Allergies: Please list all whether animal, food, drug or insect and if Epi pen is required.

Medications: Please list all and provide any that need to be administered during SNR participation.

Behavior Issues: Please list any behaviors that could hinder the safety of the participant or others.

Please tell us about your participants: Their likes, dislikes or triggers as well as calming techniques?

Is there any social or leisure skill you would like us to work on with your participant?

Additional information you'd like us to know:



# Program Registration Forms

## PAYMENTS AND PENALTIES

SNR is a non-profit 501(c)(3) that was created to develop, support, and enhance programs of recreation, leisure, and enrichment for individuals with special needs. We fund this program with grants and donations, both public and private, and yet that still does not cover 100% of our operating costs. Every effort is made to keep the cost of this program minimal for our participants and their families. The following is our payment policy:

- \_\_\_\_\_ (Initial here) Costs vary per event. Account statements are sent out at the end of the month.
- \_\_\_\_\_ (Initial here) Payments are due 30 days from statement date, payable via check.
- \_\_\_\_\_ (Initial here) There is a late pick up fee of **\$5.00 every 15 min you are late**, starting with the 5 minutes.

Please submit account statements to the following email:

---

Email:

## ORGANIZATIONAL FUNDING

Data collected from the following questions could improve our eligibility for grants, donations, and the Community Reinvestment Act. Your assistance is appreciated, but not required:

- | YES   | NO    |   |
|-------|-------|---|
| _____ | _____ | If you are a minor and under the age of 18 years old, do you receive, qualify and/or collect the Katie Becket Waiver in the State of Idaho? |
| _____ | _____ | If you are over the age of 18, age do you receive, qualify, or collect Medicaid benefits?   |
| _____ | _____ | If you are over the age of 18, do you receive, qualify, or collect Social Security benefits?  |

We are always looking for extra hands to help with large events. If you are interested in volunteering at an SNR event, please let us know:

- \_\_\_\_\_ Christmas Party
- \_\_\_\_\_ Talent Show
- \_\_\_\_\_ Spaghetti Feed
- \_\_\_\_\_ Luau
- \_\_\_\_\_ Potato Feed
- \_\_\_\_\_ Firework Stand (potential fundraising event)
- \_\_\_\_\_ Hanging Basket Sale (potential fundraising event)
- \_\_\_\_\_ Golf Tournament (potential fundraising event)



# Program Registration Forms

## **SPECIALIZED NEEDS RECREATION REGISTRATION FORM AGREEMENT STATEMENT**

I am aware that participation in recreational activities may have hazards both obvious and latent which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the events take place. I fully accept and assume all such risks and all responsibility for losses, cost, and/or damages, I may incur because of my participation. I also understand that Specialized Needs Recreation has no medical insurance to cover medical expenses and all medical costs are my responsibility. As well, the participant and I will adhere to all the guidelines, mandates and orders established by the Panhandle Health District and the CDC regarding COVID-19.

I hereby release, discharge, and hold harmless Specialized Needs Recreation, all staff, directors, administrators, and volunteers in any/all programs sponsored by Specialized Needs Recreation. I also release, discharge, and hold harmless, any person transporting me before, during and/or after such activities.

If during my participation in Specialized Needs Recreation activities I should need emergency medical treatment and I am not able to give my consent or make my own arrangement for that treatment, I authorize Specialized Needs Recreation to take whatever measures are necessary to protect my health and well-being, including if necessary, hospitalization.

I also give permission for pictures and/or videos of myself to be used by Specialized Needs Recreation and any other group they approve for public relations purposes.

I have read this "Release of Waiver and Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

---

SIGNATURE OF PARTICIPANT

DATE

---

SIGNATURE OF GUARDIAN/PARENT/CARE PROVIDER (if applicable)

DATE