

GWArc, Inc.

Recreation PLUS - Summer 2017 Registration Form

Activity List: Please check off any activity you are registering for.				
<input type="checkbox"/> Drama Night	<input type="checkbox"/> Doowop	<input type="checkbox"/> Reminisants	<input type="checkbox"/> Overnight trip	<input type="checkbox"/> Healthy Cooking August
<input type="checkbox"/> Fishing June	<input type="checkbox"/> Martin	<input type="checkbox"/> Canobie Lake	<input type="checkbox"/> Assembly Row Music	<input type="checkbox"/> LazerCraze
<input type="checkbox"/> Fishing July	<input type="checkbox"/> Tom Bruhl	<input type="checkbox"/> Explore Waltham	<input type="checkbox"/> IMAX movie	<input type="checkbox"/> Seashore Trolley
<input type="checkbox"/> Charles River	<input type="checkbox"/> Studio 2	<input type="checkbox"/> I Love Dance	<input type="checkbox"/> Salem Boat Festival	
<input type="checkbox"/> Bingo	<input type="checkbox"/> American Legion	<input type="checkbox"/> Castle Island	<input type="checkbox"/> Healthy Cooking June	
<input type="checkbox"/> Mystique	<input type="checkbox"/> Sea Breeze	<input type="checkbox"/> Lowell Spinners	<input type="checkbox"/> Healthy Cooking July	

Participant Information:			
Name:			
Address:		City & Zip:	
Phone Number:		Date of Birth:	
E-Mail Address:			

Sex	Race	Age	Height	Weight	Build	Hair Color	Eye Color

Distinguishing Marks, Scars, Etc. :
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Medical Information:	Yes	No	If yes, please explain.
Allergies; including food:			
Medications:			
Seizures:			
Physical Limitations:			
Visual Problems:			
Auditory Problems:			
Other:			

Emergency Contact Information: Please provide two contacts.			
Person #1:		Person #2:	
Relationship:		Relationship:	
Home Phone #:		Home Phone #:	
Cell Phone #:		Cell Phone #:	
Other Phone #:		Other Phone #:	

Activities for Daily Living:	Independent	Needs Assistance	Please explain.
Toileting:			
Eating:			
Dressing:			

Please complete both sides of this form. Thank you.

I will notify GWArc staff of any behavioral concerns that occur within 24 hours of an activity. GWArc will determine if the participant will require additional staffing support to attend the event. Additional staffing support is the responsibility of the family/or residential program as noted in the Recreation PLUS Policy and Procedures.

I authorize GWArc staff to perform First Aid and seek emergency medical treatment if necessary for the above-named applicant. I also give permission for GWArc staff to transport the above-named applicant in any vehicle used by GWArc and waive all claims and compensation for damages.

Signature:		Date:	
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Note: If you have a guardian, they MUST sign this form.



