

SEVERNA PARK COMMUNITY CENTER

Gather. Play. Grow. Thrive.

SEALS Visual Arts and Sports Activity Registration

Date: _____

1. General Information

Applicant's Name

First Name: _____ Last Name: _____

Date of Birth: ____/____/____

Primary Contact Parent/Guardian Name

First Name: _____ Last Name: _____

Additional Contact Parent/Guardian Name

First Name: _____ Last Name: _____

Primary Guardian Address: _____

Email Address: _____

Cell Phone: _____

Other Phone: _____

Emergency Contact: _____

Is the applicant afraid/fearful of groups of people together in a small space?

☐ Yes

☐ No

Is the applicant afraid/fearful of music, or loud noises?

☐ Yes

☐ No

2. Medical Information

What is the applicant's diagnosis? Please check all applicable boxes.

Please note that our programs are offered for free to special needs individuals who are not currently capable of being integrated into an able-bodied program.

- ☐ Amniotic Band Syndrome
- ☐ Apraxia
- ☐ ASD-Asperger
- ☐ Autism
- ☐ Blind
- ☐ Cerebral Palsy
- ☐ Chromosome Abnormality
- ☐ Deaf
- ☐ Down Syndrome
- ☐ Developmental Delay
- ☐ Non-Verbal
- ☐ Dwarfism
- ☐ Jacobsen Syndrome
- ☐ Joubert Syndrome
- ☐ Prader Willi
- ☐ Rett Syndrome
- ☐ Spina Bifida
- ☐ Stroke
- ☐ Traumatic Brain Injury
- ☐ Williams Syndrome
- ☐ Surgery in the past 12 months
- ☐ Asthma or breathing conditions
- ☐ Other _____

The applicant:

- ☐ Can stand independently
- ☐ Cannot stand independently
- ☐ Can sit independently
- ☐ Cannot sit independently

Does the applicant have any other medical concerns?

☐ Yes, there are other medical concerns _____

☐ No other medical concerns

Does the applicant take any medications or have any external devices which may impact performance?

☐ Yes

☐ No

If yes, please explain how these medications or external devices might impact performance. _____

3. Behavioral Information

Does the applicant demonstrate aggressive behaviors (e.g. hitting or scratching)?

☐ Demonstrates some aggressive behaviors.

☐ Does not demonstrate aggressive behaviors.

If yes, please explain. _____

Does the applicant demonstrate any self-stimulatory behaviors?

☐ Demonstrates stimulatory behaviors.

☐ Does not demonstrate self-stimulatory behaviors.

If yes, please explain. _____

Do you have any specific behavioral strategies with the applicant that you would like to share with us? _____

4. Communication Information

The applicant is:

- ☐ Verbal
- ☐ Verbal (limited)
- ☐ Non-Verbal

The child uses:

- ☐ Sign Language
- ☐ PECS
- ☐ Augmentative Device
- ☐ Other Communication Preferences _____

Can the applicant follow simple directions?

- ☐ Can follow simple directions
- ☐ Has difficulty following simple directions The applicant prefers:
 - ☐ Verbal directions
 - ☐ Written directions
 - ☐ Gestural directions
 - ☐ Other means of following directions _____

5. Photography Permission

Do you give permission for the SPCC SEALS to use participant's photo or video on social media or for marketing purposes?

- ☐ Yes, you may use photos of the applicant; or
- ☐ No, please do not photograph the applicant

6. Waiver and Release of Responsibility/Health Form

Please complete and sign the Release and Discharge Waiver and Acknowledgment of Risk on the next page, then return it to Christian at cfurry@spcommunitycenter.org with your application.

SEVERNA PARK COMMUNITY CENTER

Gather. Play. Grow. Thrive.

Release And Discharge Waiver And Acknowledgment Of Risk

Participation in Severna Park Community Center, (SPCC) activities, including the use of facilities and equipment, is completely voluntary. There are risks and hazards, minor and serious, associated with participation in any activity, especially including aquatic and fitness related activities.

In consideration of SPCC accepting me and/or my children in any SPCC programs or activities, I hereby voluntarily release and further discharge SPCC, its officers, directors, agents, and employees from any and all liability or claims for any injury, illness, death or damage to myself and/or my children or my property arising out of or in any way connected with my and/or my children's participation in any SPCC program or activity.

This Release and Discharge specifically includes, but is certainly not limited to, liability or claims based upon the ordinary (not gross or willful) negligence, acts, or omissions of SPCC, and its officers, directors, agents, or employees.

I further agree, promise and covenant not to sue, serve or otherwise maintain any claim against SPCC or its officers, directors, agents, or employees for any injury, illness, death, or damage to myself, my children, or my property, including but certainly not limited to, the aggravation of any pre-existing injuries or physical conditions and/or allergies arising from or in any way connected with my participation in any activities or programs.

I further agree that I will make known to SPCC, its officers, directors, agents or employees any known pre-existing injuries or physical conditions, including but not limited to allergies, prior to my acceptance in any program or activity.

I further agree to indemnify and hold harmless SPCC, its officer, directors, agents, servants and employees from any and all claims, demands, actions and judgments arising at any time out of or in any way connected with my and/or my children's use of the SPCC facilities at the Severna Park Community Center.

I agree to accept and assume all responsibility for and risk of personal injury, illness, death or damage to myself, my children and our property arising from participation in any activity or program. My, and my children's, participation is voluntary.

I choose to participate in these activities or programs in spite of any named or other unnamed risk. I am solely responsible for deciding to participate in any activities or programs and am solely responsible for deciding whether my children will participate in any activities or programs. Signature verifies agreement.

If participant is under eighteen (18) years of age, both parents/legal guardians must sign. If participant is eighteen (18) years of age or older and is their own conservator, they must provide a capacity determination from the acting physician or must have closest living relative cosign. If participant is eighteen (18) years of age or older and has a conservator, both participant and conservator must sign.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ACKNOWLEDGEMENT OF RISK AND I SIGN IT OF MY OWN FREE WILL FOR MYSELF AND FOR MY CHILDREN, AS THEIR LEGAL GUARDIAN.

Parent/Guardian/Adult Participant Signature:

Printed Name: _____ Date: ____/____/____

Printed Names of Children:
