Emar	c Recreation	Office Use:
Emergency Fact	Sheet for Participants	Medical Infor
	o sign the medical release on reverse.	Please let us kno
	Date of Birth://	conditions or illne
	Disability:	participation in re
Address:	City/State/ZIP:	Seizures
Home Phone: ()	Email:	Diabetes
Parent / Guardian:		Fainting Spe Hypertensio
Address:	City/State/ZIP:	Heart Condit
School or Day Program:		Kidney Prob Hepatitis
In case of emergency, please no	otify: (different from home phone)	Stomach Ulo
Contact 1:	Phone: ()	Chest Pain/F Shortness of
	Phone: ()	Asthma Dizziness
	Policy#	Muscle Cran
		Broken Bone Cold/Heat S
Activities of Daily Living:		Sensory Los
	rbal with adaptive equipmentGestures	Vision Impai Hearing prot
		Other
	on board or bookNon-VerbalOther	If you have checl
Comments:		previous items, p the following:
Eating: No Assist Partial As		What sp
Comments:		How oftHow lor
Toileting: No Assist Partial	AssistTotal Assist	How your
Comments:		How syr
Mobility:IndependentWith Se	upportEquipment (please specify)	
Comments:		
Please describe any physical restr	ictions:	
Significant behavior characteristics	5:	
Please describe strategies to pron	note positive behavior.	
· · · · · · · · · · · · · · · · · · ·		
Safaty awaranass in community se	ettings:	Current Med
Salety awareness in community se	<i></i>	
	al Cara Assistant ar family member? Vac. No.	
	al Care Assistant or family member? YesNo e can make appropriate accommodations.	
Participant's Identifying Information:		
Eye color:		Allergies (me
Hair Color:	Please attach a recent photograph	
Height:		
Weight:		
Identifying Marks:		***Diagona -
		***Please sign back of this sh
		Emarc Recreatio
		26 Princess Stree

rmation and History

ow if you have any chronic esses that may affect your ecreation programs:

	Yes	No
Seizures		
Diabetes		
Fainting Spells		
Hypertension		
Heart Condition		
Kidney Problems		
Hepatitis		
Stomach Ulcers		
Chest Pain/Pressure		
Shortness of Breath		
Asthma		
Dizziness		
Muscle Cramps		
Broken Bones		
Cold/Heat Sensitivity		
Sensory Loss		
Vision Impairment		
Hearing problems/aid		
Other		

ked off "yes" for any of the lease explain below. Include

- pecific symptoms occur
- en symptom/condition occurs
 - ng symptoms/conditions last
 - u care for symptom/condition
 - mptom/condition restricts you

ications:

edical or other):

the release form on the neet and mail to: n 26 Princess Street; Wakefield, MA 01880

Emarc Recreation Release Form for Participants

(Please note: Signed release required before individual may participate in any Recreation programs!)

I, the undersigned, represent and warrant that, to the best of my knowledge and belief, I/my ward is physically and mentally able to participate in Emarc Recreation. I understand that if I/my ward have/has Down Syndrome, I/he/she cannot participate in sports or events which by their nature result in hyperextensions, radical flexion or direct pressure on the neck or the upper spine (i.e. gymnastics, alpine skiing, diving, equestrian), unless a full radiological examination establishes the absence of Atlantoaxial Instability.

If a medical emergency should arise during participation in any Emarc Recreation program and I am not able to give my consent, for whatever reason, I authorize the organizers to take whatever measures are necessary and which it deems advisable to protect my/my ward's health and well being, including but not limited to first aid, ambulance transport, and/or hospitalization.

I have read and fully understand the provisions of the above release and/or have explained the provisions to my ward. I understand that, through my signature of this release form, I am agreeing to the above provisions on my own behalf or on behalf of my ward, and hereby give my permission for my ward to participate in Emarc Recreation.

I for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the sponsors, organizers and any individuals associated with the event, their successors and assigns and will hold them harmless for any and all injuries suffered in connection with Emarc Recreation. I have read and agree with the Recreation Policies found on the registration form.

This form is valid for one year from date of signature.

Signature of participant (if own guardian)

Date

Date

Signature of parent / guardian (if applicable)

Photographic Release

Emarc organizers have my permission to use my/my ward's likeness, name, voice and words in television, radio, film, newspaper, magazines and any other media in any form for promotional or educational purposes.

Please Circle: YES (pictures may be taken and used) NO (do not use)