

LOGAN Center  
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www.logancenter.org  
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## ANNUAL PARTICIPANT INFORMATION FORM

### Participant Information:

**Date:** \_\_\_\_\_

(Update 1 year from above date)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M or F

Preferred form of communication: \_\_\_ Home phone \_\_\_ Cell phone \_\_\_ E-mail

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Mailing List? \_\_\_ Yes \_\_\_ No

Communication (please check) \_\_\_ Highly Verbal \_\_\_ Limited Speech \_\_\_ Non-Verbal

Please list any communication aids used: \_\_\_\_\_

Mobility (please check)

\_\_\_ Walks independently \_\_\_ Uses wheelchair \_\_\_ Walks with physical assistance \_\_\_ Assistive equipment

### Parent, Legal Guardian, or Agency Information:

(first contact in event of an emergency, behavior, or ride if needed)

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Separate mailing from participant? \_\_\_ Yes \_\_\_ No

### Emergency Contacts:

(someone other than a parent or guardian)

1. Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Information:**

(LOGAN Center staff does not administer medication; please give information an EMT may need to know in the event of an emergency.)

Medications: \_\_\_\_\_ Yes \_\_\_\_\_ No Times Administered: \_\_\_\_\_  
If yes, please list all medications (or attach med sheet): \_\_\_\_\_

Seizures: \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please specify and contact Recreation Department for a Seizure Action Plan Form)

Dietary Restrictions: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please specify: \_\_\_\_\_

Allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes please specify: \_\_\_\_\_

Does the participant have special needs in the areas of eating, toileting, and/or dressing? Please explain and attach sheets as needed. \_\_\_\_\_

Does the participant have problems with behavior management, need a one-on-one assistant, etc? Please describe and attach any current behavior management being used. \_\_\_\_\_

Other imperative information to better serve the participant: \_\_\_\_\_

Hospital of Preference: \_\_\_\_\_

**LOGAN RELEASE FORM**

(Release will expire 24 months from the signed date below)

Participant's Name: \_\_\_\_\_

I, the undersigned, acknowledge that the recreation programs provided by LOGAN may or may not be appropriate for the individual that is served. There will be every attempt made to accommodate the individual in the program. However, the LOGAN center staff will assess the individual for his/her ability to participate in the activity. If that individual exhibits inability to appropriately participate, then it will be the LOGAN staff's decision to ask the participant to discontinue his/her participation in the program. The LOGAN staff will then assist the individual to discover an appropriate recreation program that he/she could successfully participate in.

I, the undersigned, authorize medical personnel to provide treatment for the above individual in the case of injury or illness occurring during a LOGAN Recreation sponsored program activity. It is my understanding that I (or my contact person) will be notified as soon as possible in the event of an injury or illness.

I, the undersigned, will not hold LOGAN, LOGAN staff, or anyone volunteering for LOGAN, responsible in case of injury or accident related to activities provided for the above named individual as part of a program and/or service provided by LOGAN Recreation Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature of emancipated adult, parent, guardian, or agency official)

I, DO \_\_\_\_\_ or DO NOT \_\_\_\_\_, give my consent to LOGAN to photograph/video my child and to use such photograph/video in connection with promoting/advertising the services that LOGAN provides.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_