

LOGAN Center
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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: _____