

# DCR UNIVERSAL ACCESS PROGRAM

## 2019 Participant Registration & Release Form

OFFICE: \_\_V\_\_ P\_\_ D\_\_ PCA\_\_ GS\_\_ W\_\_ DB\_\_ IN\_\_  
 Group Name \_\_\_\_\_ NEW

Please complete one form for each adult participant. Children may be registered along with an adult family member on the same form. You must have a parent or legal guardian to register a child under the age of 18 years old.

**SECTION 1: \_\_\_\_\_ General Information** (Please print clearly)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Emergency Contact (First & Last Name & Phone Number): \_\_\_\_\_

Email: \_\_\_\_\_

Veteran Status (optional):  Yes, I have served in the U. S. Military

Would you like to receive a twice yearly newsletter by:  Email  Mail?

Where did you hear about our programs?

- Newsletter     Brochure     DCR Website     Word of mouth     Access Recreation Boston  
 Job /Client     Flyer     Walking by     Internet     Other \_\_\_\_\_

**Section 2: \_\_\_\_\_ Medical information**

**(All medical information is confidential)**

Please check all medical conditions you have or have had in the past:

**Disability Categories:**

Cognitive     Physical     Medical Disorder  
 Sensory     Behavioral     Neurological  
 Other \_\_\_\_\_

- Seizure Disorder     Traumatic/Acquired Brain Injury     High Blood Pressure/Heart Disease  
 Dementia     Bleeding Disorder     Life-Threatening Allergies  
 Diabetes     Lung/Breathing Disorder     Spinal Cord Injury Level: \_\_\_\_\_  
 Loss of Balance     Weakness or Paralysis of Extremities     Left Side     Right Side

Have you fallen in the past 5 years?  Yes  No If yes, please explain: \_\_\_\_\_

Do you use any assistive devices (i.e. wheelchair, hearing aids, oxygen etc.): \_\_\_\_\_

Do you carry any medications? If yes, please describe what and where you keep it: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## 2019 PARTICIPANT REGISTRATION FORM

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Yes \_\_\_ No Can you independently form a water tight seal with your mouth?

\_\_\_ Yes \_\_\_ No Can you independently hold your head above water?

\_\_\_ Yes \_\_\_ No Can you independently turn your face up in the water while wearing a life jacket?

\_\_\_ Yes \_\_\_ No Can you alert program staff to your needs?

\_\_\_ Yes \_\_\_ No Will you be able to refrain from behaviors that pose a risk to yourself and/or others? (e.g. Pica, aggression, lack of safety awareness, wandering away from the group.)

\_\_\_ Yes \_\_\_ No Will a Personal Care Assistant accompany you? If yes, please provide his/her name: \_\_\_\_\_

Please offer any additional information you feel program staff should be aware of for your safety and comfort:

The undersigned, on behalf of the above mentioned participant, in connection with his/her participation in events held by DCR's Universal Access Program hereby release the Commonwealth of Massachusetts, Department of Conservation and Recreation, and its employees, permittees, vendors, agents, representatives, volunteers and other governmental entities working for or with DCR ("Providers") from any and all liability, loss, damages, costs, claims and/or causes of action, including but not limited to property damage and emotional and bodily injuries, including death, arising in any way from my or my child's or ward's enrollment or participation in any program, course or recreational activity of every type and description provided or sponsored by the Providers.

I understand that my or my child's or ward's participation in such program, course or recreational activity may involve risk and the possibility of injury to me or to my child or ward, and to others, and of property damage. I hereby release and hold the Providers harmless from liability for any such injury or damage, whether incurred by me, my minor child or my ward, and including any injury that may occur as a result of emergency care provided by the Providers. I also hereby indemnify the Providers from any liability, loss, damages, costs, claims and/or causes of action brought by the minor child, the ward, or members of the minor child's or ward's family arising from their enrollment or participation, and from claims of others who I or my child or ward injure while participating in such program, course or recreational activity, including any injury that may occur as a result of emergency care provided to others by the Providers.

The undersigned, on behalf of the below mentioned participant, in connection with his/her participation in events held by DCR's Universal Access Program, gives my permission for the Commonwealth of Massachusetts, including its DCR, to use photographs and/or videotape of me or the participant for publicity and media purposes, including but not limited to internet publications and inclusion in any DCR publication.

Individual Participant: SIGN HERE

DATE

***If participant is under 18 years of age or has a legal guardian, signature of parent/guardian is required:***

Parent/Legal Guardian (Signature)

Parent/Legal Guardian Name (Please Print)