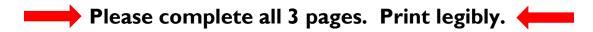
Community Education & Quantum LEAP







If any information provided on this form changes during the 2024 calendar year, it is the responsibility of the individual completing this form to keep LEAP updated of those changes. Please contact Ted Sielski at TSielski@leapinfo.org regarding all changes. Thank you.

PART I			
Participant's Name:			
Email:		Phone: _	
Gender: ☐ Male ☐ Female ☐ Other	Race/Ethnicity:		
Birthdate:	Veteran: ☐ Yes ☐ No		
Mailing Address:			Apt.#
City:	Zip:		
Participant's residence (if different):			
City:	Zip:		
Main Contact Name:		_ Phone: _	
Email:			
Group Home/Day Serv. (if applicable):		Phone:	
Manager Administrator Name:		_ Phone: _	
Support Administrator Name:		_ Phone: _	
EMERGENCY CONTACT INFORMATION			
Name:	Relationship:		
Telephone Number:	Other Telephone: _		
Email:			

1.	Participant's shirt size (cl	neck one): Small Medi	um 🗖 Large 🗖 X-Large	e □ 2X-Large □ 3X-Large		
2.	 □ Allergies (any type) □ Arthritis □ Asthma □ Autism □ Back Problems □ Balance Problems □ Cerebral Palsy 	g that apply to you and/or wri Developmental Disability Down Syndrome Diabetes Emotional Disability Fainting Spells Head Injury Hearing Impairment ther" box above, please descri	 ☐ Heart Disease/defect ☐ Hemophilia ☐ Learning Disability ☐ Mental Illness ☐ Multiple Sclerosis ☐ Muscular Dystrophy ☐ Seizures 			
 3. Are you taking any medications? □ Yes □ No Please list and describe what they are for and if you experience any side effects that we should be aware: 4. Do you know of any behavioral or health factors that make it advisable for you to follow a limited program of physical activity or to refrain from participating in any of the program activities? □ Yes □ No If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies, or other physical conditions. 						
		g to get around: ☐ Manual Where methods for communication		elchair 🗖 Walker 🚨 Other		

The Quantum LEAP Recreation program has three different consent releases in addition to the separate release to enable LEAP to contact the Social Security Administration on your behalf. The 3 releases below are required and must be completed prior to participation. Please read the following releases and check the appropriate box for each release. One box <u>must</u> be check marked for each release. Once you have checked the appropriate boxes, please sign and date at bottom of the page.

Consent for Hold Harmless: As a participant or Legal Guardian of a participant of the Quantum LEAP Recreation program I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge LEAP/ Quantum LEAP Recreation program, all participating City Recreation Departments (their officers, employees, officials and agents, jointly and severally) from any and all claims, demands, actions, judgments and executions, which may arise out of my participation in the Quantum LEAP Recreation program. Further, I hereby agree to indemnify any, all or any combination of the aforesaid, jointly and severally, and to hold and save harmless from and against any and all actions, claims, demands, liabilities, loss, damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my participation in the Quantum LEAP Recreation program.

O Consent O APSI

Consent for Emergency Treatment: In case of emergency, we will call 911. Additionally, every effort will be made to contact the individual(s) listed as Emergency Contact(s) on the Quantum LEAP Registration Form. In the event that contact cannot be made, I hereby grant permission for physicians, dentists, or other licensed health care providers to perform emergency procedures as necessary.

O Consent O APSI O Do Not Consent

Consent for Photo/Story Release: I hereby grant permission to representatives of Linking Employment, Abilities and Potential (LEAP) to take and use photographs and/or video as well as print information about participant in my/his/her capacity as a consumer/participant of services. I understand that the images and information may be used for public information and education and program description, whether electronic, print or digital. Examples include but are not limited to: brochures, annual reports, web site, newsletters, promotional flyers and press releases. I understand that no compensation is provided.

O Consent O APSI O Do Not Consent

Participant Name	Participant's Signature
Legal Guardian Name	Legal Guardian Signature
Legal Guardian Phone Number	Date

Mail Annual Registration: Quantum LEAP Attn: Ted Sielski 2545 Lorain Ave, Cleveland, OH 44113 For questions contact Ted Sielski at (216) 456 - 0832

Registration forms, activity calendars, and session registrations are available at www.leapinfo.org/programsservices/recreation