

Quantum LEAP

2021 Annual Registration



Please complete both sides. Print legibly.

Participant's Name: _____ Email: _____

Gender: Male Female Other Race/Ethnicity: _____ Birthdate: _____

Mailing Address: _____ Apt.# _____ City: _____ Zip: _____

Participant's residence (if different): _____ City: _____ Zip: _____

Main Contact Name: _____ Phone: _____

Group Home Manager (if applicable): _____ Phone: _____

Support Administrator Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION – Please print legibly

Name: _____ Relationship: _____

Telephone Number: _____ Other Telephone: _____

Participant's shirt size (**check one**): Small Medium Large XLarge 2XLarge 3XLarge

Please check the following that apply to you and/or write in any other special situation we should be aware of:

- | | | | |
|-----------------------------------------------|---------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Allergies (any type) | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Heart Disease/defect | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Other |
| <input type="checkbox"/> Balance Problems | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Muscular Dystrophy | (please describe below) |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Seizures | |

If you checked the "other" box above, please describe here:

Are you taking any medications? Please list and describe what they are for and if you experience any side effects that we should be aware of:

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? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies, or other physical conditions.

I use one of the following to get around: __Manual Wheelchair __Power Wheelchair __Walker __Other

Do you use any alternative methods for communication? __ Yes __ No If yes, please explain:

The Quantum LEAP Recreation program has three different consent releases. Please read the following releases and check the appropriate box for each release. One box **must** 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.

Consent 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.

Consent APSI 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.

Consent APSI 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: Jayme Jirousek 2545 Lorain Ave, Cleveland, OH 44113
For questions contact Jayme: (216) 456-0824

Registration forms, activity calendars, and session registrations are available at:

www.leapinfo.org/services/recreation

