

Community Education & Quantum LEAP

2026 Annual Participant Registration



Please complete all 3 pages. Print legibly.

If any information provided on this form changes during the 2026 calendar year, it is the responsibility of the individual completing this form to keep LEAP updated of those changes. Please contact Nera Birch NBirch@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. What are your personal pronouns that you prefer to use? _____
2. Please check the following that apply to you and/or write in any other special situation we should be aware of:
- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cognitive/Intellectual | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Sensory Issues |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Dementia | <input type="checkbox"/> Heart disease/defect | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Vision or Blindness |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Other |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Muscular Dystrophy | (please describe below) |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Head Injury or TBI | <input type="checkbox"/> Neurological | |

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

3. 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.

4. I use one of the following to get around: ☐ Manual Wheelchair ☐ Power Wheelchair ☐ Walker ☐ Other

5. Do you use any alternative methods for communication? ☐ Yes ☐ No

If yes, please explain:

The Quantum LEAP Recreation program has three different consent releases in addition to the separate release to enable LEAP to confirm disability status. 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 **must** be checked for each release. Once you have checked the appropriate boxes, please sign and date at bottom of the page. APSI stands for Advocacy and Protective Services Inc. and is a guardianship provider.

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, website, 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: Nera Birch 2545 Lorain Ave, Cleveland, OH 44113
For questions contact Nera Birch at (216) 456 - 0849

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

