



M-NCPPC, Department of Parks and Recreation, Prince George's County

This form must be completed for every participant prior to the start date of program.  
Mail form to: M-NCPPC, Special Programs Division 7833 Walker Dr. Suite 110, Greenbelt, MD 20770

## 2019 Adult Social Club Registration Form

Preferred Club: \_\_\_\_\_

**MEMBER:**

Name: \_\_\_\_\_

Male  Female

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

Member's Cell Phone: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

**PARENT / GUARDIAN #1:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

**PARENT / GUARDIAN #2:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

**EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## CONFIDENTIAL DISABILITY INFORMATION

**Please list disability(s):**

*(i.e. autism, ADHD, blind, Deaf, etc.)*

## HEALTH INFORMATION, HABITS AND PERSONAL SAFETY

**Please list any medical conditions:**

*(i.e. diabetes, seizures, asthma, allergies, etc.)*

**Do you require specialized health care?** YES NO (Please circle)

*If yes, please explain (i.e. inhaler, epi-pen, etc.)*

**Will it limit participation?** YES NO (Please circle)

*If yes, please explain:*

**Do you take medication?** YES NO (Please circle)

*If yes, name the medicine, dosage & time(s):*

**Will you require medication distribution during program hours?** YES NO (Please circle)

*If yes, a medication profile must be completed and signed by your physician.*

**Date of last tetanus shot:**

**Do you have a history of seizures?** YES NO (Please circle)

*If yes, list the type:*

*If yes, list the date and duration of last seizure:*

*If yes, list the warning signs:*

### DIETARY RESTRICTIONS/FOOD ALLERGIES

**Do you have any dietary restrictions or food allergies/intolerance?** YES NO (Please circle)  
 If yes, please list:

### COMMUNICATION

**What is your primary means of communication?**  
*(i.e. speech is clear, gestures, sign language, difficult to understand, limited means of communication, etc.)*

### ACTIVITIES OF DAILY LIVING

Please mark an <b>X</b> by the appropriate response	Independent	Needs Some Assistance	Needs Full Assistance	Comments (i.e. assistive devices)
Mobility				
Toileting				
Eating				
Dress/undress				
Transfers from wheelchair				
<b>Activity Level</b>		Sedentary (No exercise)		
		Mild exercise (i.e., climb stairs, walk 3 blocks, golf)		
		Occasional vigorous exercise (i.e., aerobics or weight training <b>less than</b> 4x/week for 30 minutes)		
		Regular vigorous exercise (i.e., aerobics or weight training 4x/week for 30 minutes)		

### ALCOHOL

Do you drink alcohol?		Yes		No	Socially
If yes, what kind?		Wine		Beer	Mixed Drinks
Maximum Quantity per activity		Zero		One	Two

**SAFETY** (Please check all that apply)

<input type="checkbox"/>	Communicates basic needs (i.e. name and phone number)	<input type="checkbox"/>	Able to stay with the group in large settings (i.e. sporting events, movies, daytrips)	<input type="checkbox"/>	Able to participate in a group setting with a staff: participant ratio of <b>1:5</b>
<input type="checkbox"/>	Responsible for own belongings	<input type="checkbox"/>	Able to administer own medication	<input type="checkbox"/>	Will sit <b>quietly</b> for a movie or performance
<input type="checkbox"/>	Recognizes danger when present	<input type="checkbox"/>	Manages his or her own money	<input type="checkbox"/>	Able to follow program rules and Code of Conduct

**SOCIALIZATION** (Please check all that apply)

<input type="checkbox"/>	Prefers to be alone	<input type="checkbox"/>	Interacts with peers	<input type="checkbox"/>	Interacts well w/ adults
<input type="checkbox"/>	Enjoys small group outings (less than 10 people)	<input type="checkbox"/>	Prefers large group outings (10 or more people)	<input type="checkbox"/>	Tolerates loud noise levels

**Are there any social skills you are working on, or would like to develop?**

  
  
  

**PARTICIPANT BEHAVIOR**

**Please describe your general behavior and moods?**  
*(i.e. happy, cautious, shy, etc.)*

Behavior	Check all that apply	If yes, comments required. Please list all triggers
Bites	<input type="checkbox"/>	
Easily discouraged	<input type="checkbox"/>	
Easily distracted	<input type="checkbox"/>	
Hyperactive	<input type="checkbox"/>	
Manipulative	<input type="checkbox"/>	
Physically harms self/others	<input type="checkbox"/>	
Runs away	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

**What motivates or encourages you?**  
*(i.e. verbal praise, etc.)*

**Do you have any strong fears?**

**RECREATION**

<p><b>Are there any activities or trip locations that especially interest you?</b></p>
--

**PLEASE CHECK THE ACTIVITIES YOU ARE MOST LIKELY TO ACTIVELY PARTICIPATE:**

<input type="checkbox"/>	BBQ's/Picnics	<input type="checkbox"/>	Dances/Dance Class	<input type="checkbox"/>	Sporting Events
<input type="checkbox"/>	Bowling/ Miniature Golf/Laser Tag	<input type="checkbox"/>	Movies	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Festivals	<input type="checkbox"/>	Museums/History Trips	<input type="checkbox"/>	Plays/ Theatre
<input type="checkbox"/>	Inclusion Activities	<input type="checkbox"/>	Outdoor Activities	<input type="checkbox"/>	Walking Tours
<input type="checkbox"/>	In-House Activities (i.e., parties, arts and crafts)	<input type="checkbox"/>	Boating/Fishing Activities	<input type="checkbox"/>	Exercise class or Sport Instruction

**SWIMMING ABILITY**

<input type="checkbox"/>	Non-Swimmer	<input type="checkbox"/>	Intermediate Swimmer
<input type="checkbox"/>	Beginner Swimmer	<input type="checkbox"/>	Expert Swimmer

**PLEASE CHECK YOUR T-SHIRT SIZE (UNISEX):**

<input type="checkbox"/>	X-Small	<input type="checkbox"/>	Large	<input type="checkbox"/>	3X-Large
<input type="checkbox"/>	Small	<input type="checkbox"/>	X-Large	<input type="checkbox"/>	4X-Large
<input type="checkbox"/>	Medium	<input type="checkbox"/>	2X-Large	<input type="checkbox"/>	Not Sure

**Activity/Program Field Trip Liability Release /Authorization**

I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles Board of Education buses, M-NCPPC vans, coach buses and all other modes of transportation) and agree to release The Maryland-National Capital Park and Planning Commission, its officers, employees, and agents from all liability arising from any harm or injury incurred by the participation of my child in the program stated above, excluding the gross negligence of the Commission.

Unless otherwise indicated by a parent in writing at the time of registration, photographs of participants may be taken while participating in the program activities for use in Commission publications. No personal information other than the participant's first name will be released under any circumstances. By way of copy of this form, I authorize the staff of The Maryland-National Capital Park and Planning Commission to obtain medical/hospital treatment for the above participant, in the event of an emergency.

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Signature or Parent/Guardian (if unable to sign):

\_\_\_\_\_  
Print Name                                  Date

\_\_\_\_\_  
Print Name                                  Date