



## CLUB INCLUSION

### MEMBERSHIP AND INFORMATION FORM

Please send completed forms to our Supervisor - Youth Initiatives & Opportunities,  
Linnea Sinclair [LinneaSinclair@PrescottGroup.ca](mailto:LinneaSinclair@PrescottGroup.ca)

Forms Completed on (MM/DD/YYYY):

Participant Name and Pronouns:

Participant Cell Phone:

Participant Home Phone:

Participant Email:

Participant Home Address:

Participant Age and Birthday:

Emergency Contact Person Name:

Relationship to Member:

Emergency Contact Person Emergency Phone:

Emergency Contact Person Cell Phone:

Emergency Contact Person Email:

Emergency Contact Person Mailing Address:

#### **Important Medical/ Support Information:**

Please tell us about any seizure disorders, allergies, asthma, behavioural or emotional challenges, or possible emergency situations:

Actions to take (please attach more sheets as needed):



## CLUB INCLUSION

What worries you?

What calms you down?

Please tell us about the ways you communicate:

Please tell us about your ability/ willingness to go for walks outside:

Do you use a wheelchair? Is it a manual or a power chair?

Do you require support with fine motor tasks such as zippers, drink containers, etc.?

Are you able/ allowed to leave on your own?

Might you be a flight risk? Please tell us more.

Do you have physical outbursts? YES / NO / RARELY. Please tell us more.

Do you have vocal outbursts?

Will you need to take medication during your time at Club?

If yes, please ask us for a copy of the medication administration form.



## CLUB INCLUSION

Do you require 1:1 support while attending Club Inclusion programs?

Please see our support worker policy below.

### **1:1 Support Policy**

When making decisions about 1:1 support, we will err on the side of caution to ensure the safest and most enjoyable program experience for everyone.

You will need to bring a support worker, or helper, if you need it for any of these safety reasons:

- If you might leave on your own and this would not be safe for you
- If you might have behaviour, or impulse control programs, that would make it unsafe for you or for others
- If you have severe health issues that mean you need to have trained medical support with you at all times

We may ask you to bring support for outings or selected activities if you are not able to independently participate or fully participate safely, or if there may be a trigger for unsafe behaviour.

In order to ensure that we can provide the right level of support and the very best program experience for you, we ask that you please give us as much information as you can in this application. We will truly try our utmost to make the accommodations you need. However, if during our program we find that you are not able to participate fully without 1:1 support, and you have not told us about this in advance, we may ask you to leave. If you are in doubt at all about whether you need 1:1 support, please contact our Connections Coordinator. We will be very happy to talk it over with you.

We strongly recommend that you ask your support workers for Criminal Record Checks with a Vulnerable Sector Check and Child Abuse Registry Check.

Please describe in detail the support that you will need to help you with behaviour:  
(Please give us as much detail as you can to let us know how Club can meet your physical or emotional needs while at the program)



## **CLUB INCLUSION**

Is there anything else Club should know to better support you?



## CLUB INCLUSION

### RELEASE: LEGAL REPRESENTATIVE/GUARDIANS & PEOPLE AGED UNDER 18

Are you under 18?

Do you have a Guardianship Act, or Supported Decision-making order in place?

If you answered **yes** to one of the above questions, your parent or legal guardian will need to sign this form:

I give permission for (the "Participant") \_\_\_\_\_ to take part in Club Inclusion Programs at St James Anglican Church Hall, Grace United Church Hall, and out and about in the community. I hereby accept and assume on behalf of the Participant all risks associated with participation in Club Inclusion programs or activities. I understand there is a risk of death from Covid 19 and I understand that it is possible that the participant may become infected while taking part in a Club Inclusion program. I release Club Inclusion, its organizers, employees and volunteers from any loss, accident or injury that may occur during or arising from participation in Club Inclusion programs or activities and understand that all Club Inclusion members take part at their own risk. I have provided all relevant medical details and contact details in case of emergency.

Signed by Parent/Legal Representative or Guardian:

Name:

Date:

### **Photo Release**

We often take photographs and video at the Club Inclusion. I understand that photographs and video are often taken at Club Inclusion programs. These are shared on social media, used in funding applications, slide shows for members, and in print media/marketing for Club Inclusion.

Please check one of the options below:

- I give permission for photographs and videos of \_\_\_\_\_ to be included in funding applications, social media, online and print media.
- I do **NOT** give permission for photographs and video of \_\_\_\_\_ to be included in funding applications, social media, online and print media.

Name:

Date:



## CLUB INCLUSION

### RELEASE: PEOPLE AGED 18 OR OVER

**Are you over 18? If you do not have a legal representative or guardian, you will need to understand and sign this form.**

Please read this with a caregiver or someone who knows you well who can help you understand it in language that works for you:

I accept all risks associated with participation in Club Inclusion programs or activities, and wish to take part in Club Inclusion Programs at St James Anglican Church Hall, Grace United Church Hall, and out and about in the community. I understand there is a risk of death from Covid 19 and I understand that it is possible that I may become infected while taking part in a Club Inclusion program. I release Club Inclusion, its organizers, employees and volunteers from any loss, accident or injury that may occur during or arising from participation in Club Inclusion programs or activities and understand that all Club Inclusion members take part at their own risk. I have provided all relevant medical details and contact details in case of emergency.

Signed by Participant (if 18 or over):

Name:

Date:

Witnessed by (name):

I have explained this to \_\_\_\_\_ and they understand to the best of their ability.

Signed by caregiver/helper/support person:

Name:

Date:

### **Photo Release**

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Please check one of the options below:

- I give permission for photographs and video of me to be included in funding applications, social media, online and print media.**
- I do **NOT** give permission for photographs and video of me to be included in funding applications, social media, online and print media**

Name:

Date:



## CLUB INCLUSION

If there is anything that you do not understand in this form, or if you have any questions, we can help.

Please contact our *Supervisor - Youth Initiatives & Opportunities*,  
*Linnea Sinclair* [LinneaSinclair@PrescottGroup.ca](mailto:LinneaSinclair@PrescottGroup.ca)