

# MEMBERSHIP AND INFORMATION FORM

Please send completed forms to our Supervisor - Youth Initiatives & Opportunities, Linnea Sinclair <u>LinneaSinclair@PrescottGroup.ca</u>

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 or dietary restrictions, asthma, behavioural or emotional challenges, or possible emergency situations:

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



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 or leave the space when it is not safe for you to do so? 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.



### **Challenging Behaviours & Support**

While at our programs, should a member demonstrate behaviour that is dangerous to themselves or others, or disruptive to activities, the staff will:

- Ensure the safety and enjoyment of all members and staff
- Contact the parents or caregivers, depending on the circumstances regarding the situation.

We would ask that carers and supports work closely with us to ensure that positive solutions are reached for all involved. If your member is a flight risk, continually has disruptive behaviours, or we determine that they require greater support than our ratios allow, you may be asked to provide additional individual support. 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 issues, 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.

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

## YES / NO / TO BEGIN WITH

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 and safely without 1:1 support, we will ask you to provide this support. If you are in doubt at all about whether you need 1:1 support, please contact Linnea, Supervisor of Youth Initiatives & Opportunities. We will be very happy to talk it over with you and discuss support needs while at our programs. 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 challenging behaviours if applicable. 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.

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



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

Are you under 18?	
Do you have a Guardianship Act, or Supported	d Decision-making order in place?
If you answered <b>yes</b> to one of the above quest need to sign this form:	tions, your parent or legal guardian will
I give permission for (the "Participant")  Programs at St James Anglican Church Hall, Grace the community. I hereby accept and assume on be with participation in Club Inclusion programs or a death from Covid 19 and I understand that it is posinfected while taking part in a Club Inclusion programs or a employees and volunteers from any loss, accident from participation in Club Inclusion programs or a Inclusion members take part at their own risk. I has contact details in case of emergency.	e United Church Hall, and out and about in sehalf of the Participant all risks associated ctivities. I understand there is a risk of ssible that the participant may become gram. I release Club Inclusion, its organizers, c or injury that may occur during or arising activities and understand that all Club
Signed by Parent/Legal Representative or Gu	ardian:
Name:	Date:
Photo Release We often take photographs and video at the ophotographs and video are often taken at Cluon social media, used in funding applications media/marketing for Club Inclusion.	b Inclusion programs. These are shared
Please check one of the options below:	
<ul> <li>I give permission for photographs an included in funding applications, soc</li> </ul>	
<ul> <li>I do NOT give permission for photogr be included in funding applications,</li> </ul>	raphs and video of to social media, online and print media.
Name:	Date:



#### **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).

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Name:	Date:
Witnessed by (name):	
I have explained this toability.	and they understand to the best of their
Signed by caregiver/helper/support	person:
Name:	Date:
photographs and video are often ta on social media, used in funding ap media/marketing for Club Inclusion	
Please check one of the options bel	OW:
funding applications, social  I do NOT give permission fo	graphs and video of me to be included in media, online and print media. r photographs and video of me to be included ial media, online and print media
Name:	Date:



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

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