

U.S. Adaptive Recreation Center	Participant Information Form	Summer 2014
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Name:	Home Phone:
Address:	Work Phone:
City:	Cell Phone:
State: Zip:	E-mail address:
County (ie: LA, Orange, San Bernardino):	Weight: Height:
Date of Birth: Age:	M/F:

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Physician/Hospital Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

PARTICIPANT DETAILS

1. Participant disability (*be specific as to physical or cognitive elements*): _____
 _____ Date of onset: _____

2. Do you use a wheelchair? **Yes** **No** If yes, % of time: _____ If yes, it is: **Electric** **Manual**

3. What aids, if any, do you use to walk? (ie: walker, cane, crutches, braces, etc.): _____

4. Do you have seizures? **Yes** **No** Type of seizure: _____ Date of most recent seizure: _____

5. Frequency of seizures: _____ Seizure medication (s): _____

6. Are you currently taking any medications? **Yes** **No**

If yes, please list medications (attach additional page if necessary): _____

7. Are you allergic to anything, (i.e. medication, food, etc.)? **Yes** **No**

If yes, please list allergies: _____

8. Do you have any specific dietary requirements (allergies, vegetarian, etc.?) **Yes** **No**

If yes, please explain: _____

9. Do you need to limit your activities for any reason? **Yes** **No**

If yes, please explain: _____

10. Do you utilize the services of an aide/attendant for any reason? **Yes** **No**

If yes, please explain: _____

11. Can you swim? **Yes** **No** If no, are you comfortable in deep water wearing a life vest? **Yes** **No**

12. Are you able to turn yourself over from a face down position in the water while wearing a life vest? **Yes** **No**

13. Are you currently under a physician's care for any specific condition(s) we should be aware of, (i.e. your disability, diabetes, heart trouble, spinal stabilization, shunts, asthma, medications, tracheostomy, etc.)? **Yes** **No**

If yes, please explain (attach additional page if necessary): _____

14. Have you participated in USARC SUMMER programs before? **Yes** **No** When? _____

15. How did you first hear about USARC? _____

Military/Veteran Information	Participant Type
List Actual Years Served(i.e. 2010,2011,etc):	<input type="checkbox"/> Service Member Injured Post 2001
Branch:	<input type="checkbox"/> Service Member Injured Pre 2001
Rank:	<input type="checkbox"/> Guest/Family Member
Date of Injury:	<input type="checkbox"/> Veteran Support Staff
Place of Injury:	<input type="checkbox"/> Other _____

USARC and DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM
Please note: there are two places on this sheet that require a signature

USARC and DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in United States Adaptive Recreation Center (USARC) and DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise United States Adaptive Recreation Center and DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. To the fullest extent permitted by law release, waive, discharge and covenant not to sue United States Adaptive Recreation Center or DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
- 5.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Name & Date

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to USARC and Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this USARC and DS/USA event. I further agree that USARC and DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature Date

WATERSKI	Date:	Equipment Used:		Handle type / rope length:	
	AM PM Full Day				
	Dockmaster:	Outriggers: Yes No Quadback: Yes No Carabiner: Yes No		Boat speed:	
	Asst:	Comments (set-up, communication, balance, turns, suggestions for future, etc.)			
	Boat Driver:				
Note Taker:					
WATERSKI	Date:	Equipment Used:		Handle type / rope length:	
	AM PM Full Day				
	Dockmaster:	Outriggers: Yes No Quadback: Yes No Carabiner: Yes No		Boat speed:	
	Asst:	Comments (set-up, communication, balance, turns, suggestions for future, etc.)			
	Boat Driver:				
Note Taker:					
WATERSKI	Date:	Equipment Used:		Handle type / rope length:	
	AM PM Full Day				
	Dockmaster:	Outriggers: Yes No Quadback: Yes No Carabiner: Yes No		Boat speed:	
	Asst:	Comments (set-up, communication, balance, turns, suggestions for future, etc.)			
	Boat Driver:				
Note Taker:					
JETSKI	Date:	AM PM	Ride Tally	JETSKI NOTES: Allowed to Drive? Yes No Top Speed _____ : Riding position? FRNT MDL BK Sidesaddle Likes it Wet & Wild or Dry & Slow Specific adaptations or settings: _____	
	Coordinator:	Asst:			
JETSKI	Date:	AM PM	Ride Tally		
	Coordinator:	Asst:			
KAYAKING	Date:	AM PM	KAYAKING NOTES: Time spent in kayak: _____ Kayak used: SINGLE DOUBLE –with whom _____ Type of seat used? Regular Rigid PVC seated in BACK FRONT		
	Coordinator:	Asst:			
KAYAKING	Date:	AM PM	Specific adaptations or settings: _____		
	Coordinator:	Asst:			
SAILING	Date:	AM PM	SAILING NOTES:		
	Captain:	Asst:			
SAILING	Date:	AM PM			
	Captain:	Asst:			
FISHING	Date:	AM PM	FISHING NOTES:		
	Captain:	Asst:			
FISHING	Date:	AM PM			
	Captain:	Asst:			

Project/ Activity Title:
 Big Bear Valley: Therapeutic Recreation Water Sports Instruction
 For Disabled Persons-USARC

Case Number: 231-31127/2796

Name/Address of Contract Agency:
 United States Adaptive Recreation Center
 P.O. Box 2897
 Big Bear Lake, CA 92315

Date of Issue:
 Original: Beginning 07/01/10
 Amendment No.:

BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. Only one statement per person, per year is required.

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members. **How many persons are in your household?** _____
2. This question asks if you are from a low- and moderate-income household. For this question, a list of the 2010 EXTREMELY LOW-INCOME, LOW-INCOME and LOW- AND MODERATE-INCOME categories* are presented below.

Please refer to the chart at bottom to determine the **combined gross annual income** of all persons in your household from all sources of income. In the blanks provided, please write (yes) or (no) if your combined gross annual income is equal to or less than the corresponding amount in the chart.

EXTREMELY LOW-INCOME: _____
LOW-INCOME: _____
LOW- AND MODERATE-INCOME: _____
HIGHER THAN LOW AND MODERATE INCOME: _____

	Number of Persons in Your Household			
	1	2	3	4
EXTREMELY LOW-INCOME	\$13,650	\$15,600	\$17,550	\$19,500
LOW-INCOME	\$22,750	\$26,000	\$29,250	\$32,500
LOW- AND MODERATE-INCOME (COMBINED)	\$36,400	\$41,600	\$46,800	\$52,000

	Number of Persons in Your Household			
	5	6	7	8
EXTREMELY LOW-INCOME	\$21,100	\$22,650	\$24,200	\$25,750
LOW-INCOME	\$35,100	\$37,700	\$40,300	\$42,900
LOW- AND MODERATE-INCOME (COMBINED)	\$56,200	\$60,350	\$64,500	\$68,650

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3. Please indicate how you identify yourself by checking **only one** of the following choices:

	Hispanic	Non- Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Other	<input type="checkbox"/>	<input type="checkbox"/>

4. Please check whether you belong to a Female Headed Household: Yes No

5. Please describe the **condition** that would qualify you as being considered in one of the following presumed low- and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker:
 (description) _____

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SIGNATURE: _____ PHONE: _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.

*Taken from 2010 Section 8 Low-Income and Very Low-Income Limits.

PLEASE COMPLETE, THANK YOU.

Participant Name: _____

Lesson Date: _____

Group Name (if applicable) _____