



ANNUAL INFORMATION FORM

2018 - 2019

CONTACT

FIRST NAME: _____ LAST NAME: _____

GENDER IDENTITY: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ SECONDARY PHONE: _____

E-MAIL: _____

PARK DISTRICT AFFILIATION: _____ SCHOOL/EMPLOYER: _____

EMERGENCY

FIRST NAME: _____ LAST NAME: _____

CELL PHONE: _____ RELATION TO YOU: _____

CITY OF RESIDENCE: _____

DISABILITY

Primary Disability/Diagnosis: _____ Level/Severity (if applicable): _____

Secondary Disability/Diagnosis: _____ Level/Severity (if applicable): _____

Is your disability Congenital or Acquired? _____ Date Acquired: _____

Do you have a service animal? _____ Name of service animal? _____

MOBILITY

Ambulatory without any assistive device

Ambulatory with assistive device – Please check all that apply:

AFO/SMO Cane(s)/Crutch(es) Walker Prosthesis

I use a manual wheelchair for all mobility

I use a manual wheelchair only/primarily for longer distances

I use a power wheelchair

Transfers *(Select One)*

I transfer independently I need some assistance to transfer I need full assistance to transfer

How will you most often travel to/from programs? *(Select One)*

Personal/family vehicle Public Transportation PACE/Paratransit Get a Ride Walk/Ride a Bike

MEDICAL

Please describe any ALLERGIES you have (Medication, Food, Environmental):

Please list all DIETARY restrictions (NOT preferences*):

Please list all MEDICATIONS you currently take:

If athlete needs medication to be dispensed by Synergy staff a separate form must be completed. Minor athletes should not have possession of medication during Synergy activities without Medication Form.

Do you have a history of SEIZURES? _____ Date of last seizure: _____

*If you have a history of seizures, please complete a **WDSRA Seizure Questionnaire** (even if controlled)*

Do you have a history of diabetes? _____ How is your condition controlled? _____

Have you been diagnosed with asthma? _____ Do you use a rescue inhaler? _____

DAILY LIVING/CARE

Do you need assistance with eating? _____ If so, please describe needed assistance:

Can you toilet independently? _____ If assistance is needed, please describe type of assistance needed:

Do you use a catheter? _____ If so, how often do you cath? _____

Synergy staff cannot assist with catheter

PERSONAL

Shirt Size: _____ Height: _____ Weight: _____

Active duty service man/woman or a veteran? _____ Service Branch: _____

Are you a first responder? _____ Service: _____

FAMILY

Are you your own guardian? _____

Mother/Guardian First Name: _____ Mother/Guardian Last Name: _____

Employer: _____ Cell Phone: _____
 Father/Guardian First Name: _____ Father/Guardian Last Name: _____
 Employer: _____ Cell Phone: _____

COMMUNICATION

Do you use an assistive communication device of any kind? _____

If so, please describe: _____

What best describes your verbal ability? *(Please Check One)*

___ Verbal and clearly understood ___ Verbal but not clearly understood ___ Non-verbal

What best describes your reading/writing ability?

___ Able to read ___ Able to write by hand ___ Able to write via iPad (or similar device)

What is your primary language? _____

What primary language is spoken by parents/guardians *(if applicable)*? _____

RELEASES

If over 21, does the athlete have permission to consume alcohol during program/trip/tournament? *(circle)*

YES / NO Initial: _____

Can Synergy staff allow athlete to remain after programs independently? *(circle)*

YES / NO Initial: _____

GRANT-RELATED DEMOGRAPHIC QUESTIONS *(Optional – Circle One of Each)*

ETHNICITY: Hispanic or Latino Non-Hispanic or Latino

RACE: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Asian
 White/Caucasian Black or African American

Please circle household size and follow line to circle income level that best describes your *household* income:

# in Household	Column A	Column B	Column C	Column D
1	\$0 - \$16,600	\$16,601 - \$27,650	\$27,651 - \$33,180	\$44,250+
2	\$0 - \$19,000	\$19,001 - \$31,600	\$31,601 - \$37,920	\$50,600+
3	\$0 - \$21,350	\$21,351 - \$35,550	\$35,551 - \$42,660	\$56,900+
4	\$0 - \$23,700	\$23,701 - \$39,500	\$39,501 - \$47,400	\$63,200+
5	\$0 - \$25,600	\$25,601 - \$42,700	\$42,701 - \$51,240	\$68,300+
6	\$0 - \$27,500	\$27,501 - \$45,850	\$45,851 - \$55,020	\$73,350+
7	\$0 - \$29,400	\$29,401 - \$49,000	\$49,001 - \$58,800	\$78,400+
8+	\$0 - \$31,300	\$31,301 - \$52,150	\$52,151 - \$62,580	\$83,450+

RETURN FROMS: Via E-mail: information@synergyaa.com Via Mail: Synergy AA, 116 N Schmale Rd, Carol Stream IL 60188