

ABLES

Recreation Association, Inc.

Please mail completed form to:
Ables Recreation Association, Inc.
P.O. Box 616
Smyrna, TN 37167

Or email to: contact@ablesinc.org

ABLES APPLICATION FOR YOUTH PARTICIPANT

This side of the form is to be completed by a parent or guardian. Form must be filled out completely. It is important that every line of this application is completed. If the information asked does not apply, simply write N/A. All information is important and will remain confidential. It helps us to provide the best possible care during any events that the participant is involved in. You may attach a separate sheet with any additional information. We appreciate your time and cooperation.

PLEASE PRINT

DATE _____

Name of applicant: _____
Last First Middle

Present Address: Street _____

City: _____ State: _____ Zip: _____ Gender: _____

Social Security #: _____ Age: _____ Birthday: _____

Parent/Guardian: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

EMERGENCY INFORMATION

In the event a parent cannot be reached: Phone (____) _____ Name: _____

Relationship to applicant: _____

Insurance Information- Company: _____

Policy Issued to: _____ Policy #: _____

MEDICAL INFORMATION

Allergies: _____

Height: _____ Weight: _____

Primary Disability (medical diagnosis): _____

Secondary Disability (if any): _____

Extent of Disability: _____

Cause & Onset of Disability: _____

Mental Ability: _____

Current Medications: _____

Describe Seizures (if any) including frequency: _____

Is applicant vision impaired: Yes: _____ No: _____

If yes, to what degree: _____

Does applicant wear glasses: Yes: _____ No: _____ Contact lenses: Yes: _____ No: _____

Is applicant hearing impaired? Yes: _____ No: _____ Wears hearing aid? Yes: _____ No: _____

Is applicant's speech affected? Yes: _____ No: _____ Uses sign language? Yes: _____ No: _____

If yes, how much? Some: _____ Severe (but understandable): _____ No speech: _____

If speech is severely limited, does applicant use Language Device (if yes, please bring to events)? Yes: _____ No: _____

Can applicant communicate his/her needs and wants to individual providing care?

Yes: _____ No: _____

Further vision, hearing, and communication instructions (please attach additional information if needed): _____

Mobility and Special Appliances (please indicate all items and assistance information):

Manual Wheelchair _____ Electric Wheelchair _____ Wheelchair for Long Distance _____

Pushes Self _____ Needs Assistance Pushing _____ Can Support Weight for Transfer _____

Needs Transfer Assistance Yes: _____ No: _____ Type of Chair Used _____

Wheelchair must be provided by applicant if needed

Additional aids needed: Crutches _____ Walker _____ Cane _____

Assistance required: Independent Use _____ Standby Assistance _____ Full Assist _____

Braces (describe): _____

Prosthesis (describe): _____

Special Instructions (please attach additional information on separate sheet): _____

TOILETING Indicate all items that apply (please bring if applicable)

Is applicant independent in toileting? Yes: _____ No: _____

Bladder Control: Always: ___ Sometimes: ___ Incontinent: ___ Remind: ___ Schedule: _____

Bowel Control: Always: ___ Sometimes: ___ Incontinent: ___ Remind: ___ Schedule: _____

Diapers: Yes: _____ No: _____ How often changed: _____

Catheter: Yes: _____ No: _____ How often changed: _____

Ileostomy appliance: Yes: _____ No: _____ Colostomy appliance: Yes: _____ No: _____

Small urinal: _____ Bedpan: _____ Special Commode (please bring): _____

Toileting Instructions: _____

EATING Special Diet

Independent: _____ Some Help: _____ Total Assistance: _____ Serve: _____ Cut: _____

Special Utensils (please bring): _____

Eating Instructions: _____

WHAT AREAS ARE YOU INTERESTED IN:

____ T. Ball ____ Swimming ____ Bowling ____ Drama ____ Scouting

____ Social Events ____ Field Trips ____ Crafts ____ Fundraising ____ Other

I give permission for my child's photograph to be placed on Able's web site or Facebook page:

Yes: _____ No: _____

I give permission for photographs and film footage to be used in promotional activities and/or

the public relations associated with the Ables. Yes: _____ No: _____

PERMISSION

In case of an emergency, I hereby give permission to the physician and clinic/ hospital selected by the ABLES staff or Director to secure proper treatment, standard with all accepted medical procedures. I understand the risks involved in the participation of activities and programs of the ABLES and I accept full responsibility for my child's participation in those activities.

Date: _____ Signature: _____ Parent: _____ Guardian: _____

ABLES

Recreation Association, Inc.

T-Ball Application

NAME: _____

Parent/ Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Disability: _____

Age: _____ Gender: _____ Shirt Size: _____

NOTE: PARENT OR GUARDIAN MUST STAY AT THE FIELD AT ALL TIMES WITH THE CHILD.

The undersigned fully understands and agrees that in participating in an activity that utilizes facilities maintained by the Town of Smyrna and The Smyrna Parks and Recreation Department that there is the possibility of accidental or other physical injury to participants and spectators. The undersigned further agrees to assume the risk of such injury, and further agrees to indemnify the Town of Smyrna, Smyrna Parks and Recreation, its agents, representatives, successors in interest, employees, and assigns by either the undersigned or third parties as a result of the use by the undersigned of the facilities.

PARTICIPANT'S NAME

DATE

PARENT/ GUARDIAN'S SIGNATURE

DATE