

# SRSNLC Annual Information Form

## 2012

Lindenhurst   
  Round Lake   
  Waukegan   
  Zion

This information will be used for all programs during 2012.

Please contact your local office if any information changes throughout the year.

Name: _____		Age: _____	Birth Date: _____
Address: _____		City: _____	State _____ Zip: _____
Parent/Guardian Name: _____		E-mail: _____	
Home Phone: (____) _____		Cell Phone: (____) _____	
Mother's Work Phone: (____) _____		Father's Work Phone: (____) _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	T-Shirt Size _____		
School/Workshop: _____	Teacher/Supervisor: _____	Phone: (____) _____	
Physician's Name: _____		Physician's Phone: (____) _____	
Address: _____		City: _____	State _____ Zip: _____

### EMERGENCY CONTACT (Within 20 mile radius) Other than parent/guardian

Name: _____	Relationship: _____
Address: _____	Home Phone: (____) _____
City: _____ State: _____ Zip: _____	Work/Cell Phone: (____) _____

### PARTICIPANT DISABILITY (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Attention Deficit Disorder: <b>(ADD)</b> .....<br><input type="checkbox"/> Autism <b>(A)</b> .....<br><input type="checkbox"/> Behavior Disorder <b>(BD)</b> .....<br><input type="checkbox"/> BiPolar <b>(BP)</b> .....<br><input type="checkbox"/> Brain Injury <b>(BI)</b> .....<br><input type="checkbox"/> Deaf/Hard of Hearing <b>(D/HH)</b> .....<br><input type="checkbox"/> Developmental Disability <b>(DD)</b> .....<br><input type="checkbox"/> Down Syndrome <b>(DS)</b> .....<br><input type="checkbox"/> Early Childhood <b>(EC)</b> .....<br><input type="checkbox"/> Educable Mental Handicap <b>(EMH)</b> ..... | <input type="checkbox"/> Emotionally Distressed <b>(ED)</b> .....<br><input type="checkbox"/> Learning Disorder <b>(LD)</b> .....<br><input type="checkbox"/> Multiply Challenged <b>(MC)</b> .....<br><input type="checkbox"/> Physically Challenged <b>(PC)</b> .....<br>Yes / No    • are orthopedic devices worn? _____<br>Yes / No    • can transfer into van seat or stadium seat.....<br><input type="checkbox"/> Severe Mental Handicap <b>(SMH)</b> .....<br><input type="checkbox"/> Trainable Mental Handicap <b>(TMH)</b> .....<br><input type="checkbox"/> Visually Impaired <b>(VI)</b> ..... |
|--|---|

**If Down Syndrome**, has participant been tested for atlanto axial instability? Yes / No

Does your participant have atlanto axial instability? Yes / No

### PHOTO/VIDEO AUTHORIZATION AND CONSENT:

I hereby authorize and give my consent to SRSNLC to photograph/video my child (or me), and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of SRSNLC, including, but not limited to its website, Facebook page, promotional materials, brochures, fliers and other publications without consideration of any kind. **I have read and fully understand the above photo/video authorization and consent.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY TREATMENT PERMISSION:

I acknowledge that SRSNLC does not carry medical insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of every participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached. I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform the SRSNLC staff of any changes in the above information.

Medical Insurance Company \_\_\_\_\_ Date \_\_\_\_\_

Policy Number \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_