



## New Recreational Participant Registration

**\*New participant registration must be submitted prior to scheduling a session**

### New Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### Intake Information

Physical Restrictions: \_\_\_\_\_ How does the participant communicate? \_\_\_\_\_

Behavioral Motivators: \_\_\_\_\_ Behavioral Triggers: \_\_\_\_\_

Current challenging Behaviors (within last 6 months): \_\_\_\_\_

### Parent/Guardian Information:

Primary Parent/Guardian Contact

Secondary Parent/Guardian Contact

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: *Participant's primary residence*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact: *Other than Primary Parent/Guardian/Caregiver*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### Participant Release

If anyone other than legal parent or guardian will be picking-up a participant post session, they must be listed as approved for participant release; otherwise, he/she will not be permitted to leave the premises with participant.

Persons approved for participant pick-up:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Participant personal Information:**

**Siblings:**

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Participant’s hobbies/interests:

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Describe the skills and/or challenges that the participant needs to work on:

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**Please complete with the participant:**

The participant enjoys:

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The participant needs encouragement to:

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Please describe any difficulties the participant may have in expressing him/herself/themselves:

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What is his/her attention span?

- ☐ High
- ☐ Medium
- ☐ Low

What are the participant’s strengths? (strong personality traits, skills, work ethic, love, happiness, contentment, frustration, anger, fear, etc.)

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What are the participant’s weaknesses? (strong personality traits, skills, work ethic, boundaries, time management, frustration, anger, fear, etc.)

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Does he/she/they fear new experiences/people?      \_\_\_\_ Yes      \_\_\_\_ No

If yes, please explain

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Please indicate any of the following behaviors that your child may demonstrate:

- \_\_\_\_ outgoing
- \_\_\_\_ shy
- \_\_\_\_ social in groups
- \_\_\_\_ prefers to be alone
- \_\_\_\_ has a hard time with transitions or new situations
- \_\_\_\_ sometimes destructive
- \_\_\_\_ sometimes hits, bites, or otherwise hurts others
- \_\_\_\_ sometimes hurts self
- \_\_\_\_ self stimulates
- \_\_\_\_ sometimes tries to run away
- \_\_\_\_ impulsive in many ways
- \_\_\_\_ requires physical movement
- \_\_\_\_ fatigues easily
- \_\_\_\_ anxious
- \_\_\_\_ seizures
- \_\_\_\_ auditory or visual hallucinations

Any other specific fears or dislikes:

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**Employment Information:**

Is the participant currently employed?      \_\_\_\_Y    or    \_\_\_\_N

If yes, where, and how many days a week? \_\_\_\_\_

If not, is the participant interested in gaining employment?      \_\_\_\_Y or      \_\_\_\_N

How can we help the participant reach their employment goal(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can we help the participant reach their personal goal(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Participant-** Please tell us anything else we need to know about your needs and what works best for you:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Parent/guardian/caregiver-** How can we best service the needs of the participant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies the participant has (food, meds, contact, animal, insect, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

If the participant has seizures, please document last known activity (frequency and duration) \_\_\_\_\_  
\_\_\_\_\_

**Please read the following statements carefully and initial in the designated space indicating that you have read, understand, and agree to the provision.**

\_\_\_\_\_ I have fully disclosed to Coffee Crafting & Community, Melissa Barber- Program Director, all pertinent facts about the participants’ special needs and accept full responsibility for failure to do so.

\_\_\_\_\_ I understand that no medication will be given to a participant by any staff member or volunteer while at Coffee Crafting & Community.

\_\_\_\_\_ In case of an emergency or accident, I understand that 911 will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and/physical charges for emergency services to the participant.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Legal Guardian/Caregiver)