



2010 Participant Application

Therapeutic Recreation for People with Disabilities or Cancer
 6901 Goldenstein Lane • Bozeman, MT 59715
 406-586-1781 FAX 406-586-5794
 www.eaglemount.org

FOR OFFICE USE ONLY <input type="checkbox"/> DP	
Group	Day AM PM
Last Participated	Application
Medical Release	Release
Equipment Rental	Ski Release
Contacted	

PARTICIPANT INFORMATION

Name _____ Birthdate _____ Sex M F

Mailing Address _____
Street Address City State Zip

Home Phone _____ Cell _____ Work _____ Email _____

School/Group _____ Grade/Teacher _____

Weight _____ Height _____ Shoe Size _____ Responsible party for Eagle Mount fees _____

PARENT INFORMATION (FOR PARTICIPANTS UNDER 18)

Parents/Legal Guardian _____ Home Phone _____
Street Address City State Zip

Mailing Address _____

Mother's Cell _____ Work _____ Email _____

Father's Cell _____ Work _____ Email _____

Mother's Employer _____ Father's Employer _____

EMERGENCY INFORMATION

Please furnish the name of someone who can be contacted if parents are not available and Physician name with phone number.

Name		Relationship
Address		
Home Phone	Work	Cell
Physician Name		Phone

Check program(s) you are interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Skiing Program | <input type="checkbox"/> Aquatic Program | <input type="checkbox"/> Horticulture |
| <input type="checkbox"/> Downhill | <input type="checkbox"/> Adventure Days | <input type="checkbox"/> Ice Skating |
| <input type="checkbox"/> XC-Ski/Snowshoe | <input type="checkbox"/> Equine Program | <input type="checkbox"/> Saturday Night Out |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Office/Special Events Help | |

How did you hear about Eagle Mount?

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> An Event | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> TV | <input type="checkbox"/> Website | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Other _____ |

List any sports or activities in which you previously or currently participated (other than Eagle Mount) _____

PLEASE INDICATE PREFERRED CLASS DAYS AND TIMES WITH 1-3

(1= highest preference; 3= lowest preference – please realize some programs may have a set schedule and preference cannot apply)

Monday	AM _____ PM _____	Friday	AM _____ PM _____
Tuesday	AM _____ PM _____	Saturday	AM _____ PM _____
Wednesday	AM _____ PM _____	Sunday	AM _____ PM _____
Thursday	AM _____ PM _____		

EAGLE MOUNT BOZEMAN

- I agree to respect Eagle Mount- Bozeman participants', staff, and volunteers' rights with regard to privacy of information and to keep "professional" confidentiality in all my statements both within and outside of the organization.
- I understand that Eagle Mount- Bozeman staff members have the authority to exclude participants from the program for behavior they deem to be unsafe. Use of alcohol or illegal drugs is unsafe behavior.
- I give permission for the exchange and release of my medical and confidential information to professionals and staff.
- I give my consent to Eagle Mount Bozeman and its medical representative to obtain medical care from any licensed physician, hospital, or clinic, for any injury that could arise from participation in Eagle Mount Bozeman activities.

X _____
 Signature of Participant/Guardian Date

PLEASE COMPLETE OTHER SIDE

DISABILITY & MEDICAL INFORMATION: Please fill out thoroughly and legibly —your application may be denied if this is not completed in full. We must have this information to provide a *SAFE PROGRAM*.

Participant's Disability _____ Date of Onset _____
Explain- Type/Level _____
Secondary Disability? _____
Wheelchair Use? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, % of time _____ If yes, it is: <input type="checkbox"/> Electric <input type="checkbox"/> Manual
What aides, if any, are needed to walk? (walker, brace, cane, etc...) _____
Subject to Seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Frequency _____ Date of most recent seizure: _____ Seizure medication(s) _____
Current Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Type and purpose _____ _____
Allergies to food or medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list _____
Visual or hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____
Communication style? <input type="checkbox"/> Verbal <input type="checkbox"/> Nonverbal <input type="checkbox"/> Other _____
Are you currently receiving treatment or therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please explain _____ _____
Any injuries, illnesses, surgeries or skin breakdown in the last year? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Please explain _____ _____
Any body parts susceptible to cold, heat, impact? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Please explain _____ _____
How does participant behave when upset or frustrated? History of physical aggression? _____ _____
What are participant's motivators? _____ _____
Any fears or concerns? _____ _____
Please write one goal to be achieved while participating at Eagle Mount _____ _____
Which of the following barriers restrict physical activity? Please check all that apply. <input type="checkbox"/> Lack of endurance <input type="checkbox"/> Lack of coordination <input type="checkbox"/> Lack of mobility <input type="checkbox"/> Lack of flexibility <input type="checkbox"/> Lack of strength <input type="checkbox"/> Low/high muscle tone <input type="checkbox"/> Muscle spasticity <input type="checkbox"/> Other _____

THANK YOU FOR PARTICIPATING WITH EAGLE MOUNT

It is the responsibility of the participants, parents, and guardians to notify Eagle Mount if any of the above information changes during the year that the application is in effect. Eagle Mount reserves the right to require a physician, OT or PT examination if necessary.

DS/USA and Eagle Mount Bozeman Waiver & Release Form

In consideration of being allowed to participant in any way in 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 DISABLED SPORTS USA and Eagle Mount-Bozeman 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 only 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. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA and Eagle Mount-Bozeman, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees, and volunteers 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.

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 UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, 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 (PLEASE PRINT CLEARLY)

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA and Eagle Mount-Bozeman to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA event. I further agree that DS/USA and Eagle Mount-Bozeman 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 of Participant/Guardian

Date