

# PARTICIPANT ASSESSMENT

Please complete both sides of this form and return to the MCSRA Program Supervisor.

PLEASE  
REVIEW  
AND SIGN

## PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Primary Diagnosis: \_\_\_\_\_ Secondary Diagnosis: \_\_\_\_\_

Is the participant subject to seizures?  Yes  No *If yes, please complete and return attached seizure questionnaire form.*

If diagnosis is Down Syndrome, has the participant been tested for Atlanto-Axial Instability?  Yes  No

If yes, what were the results?  Positive  Negative

Does the participant have a shunt?  Yes  No If yes, please describe: \_\_\_\_\_

Does the participant have a specific diet, dietary restrictions, or any food that may cause behavioral changes?  Yes  No

If yes, please explain: \_\_\_\_\_

Does the participant have allergies?  Yes  No If yes, please list: \_\_\_\_\_

Are there any side effects from the participant's medications that we should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

## REASONS FOR PARTICIPATING

*Please select any/all that apply.*

Physical Activity  Socialization/Friends  Exposure  Responsibility  Skill Development

Motor Development  Group Interaction  Creativity  Entertainment  FUN

Specific goals parents/guardians would like to see worked on: \_\_\_\_\_

## DAILY LIVING SKILLS

**Eating**  Can eat independently  Needs to be monitored  Needs physical assistance

**Bathroom**  Can toilet independently  Needs to be monitored  Needs physical assistance

Detailed comments: \_\_\_\_\_

**Mobility** Does the participant use any devices for mobility?  Yes  No If yes, please list: \_\_\_\_\_

Specific needs staff should be aware of?  Endurance  Balance  Gait  Other

Explain: \_\_\_\_\_

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## COMMUNICATION

- Speaks Clearly
  - Speech is difficult to understand
  - Difficulty expressing needs
  - Gestures/Pointing
  - Uses sign language
  - Uses Hearing Devices
  - Uses a communication board/pictures
  - English as a second language
  - Other: \_\_\_\_\_
- First language:* \_\_\_\_\_

## INTERACTION/SOCIALIZATION SKILLS

- Initiates socialization?**  Initiates social interaction on own  Socializes with verbal prompting  Avoids social interactions
- Prefers being**  Alone  With Peers  With Adults **Detailed comments:** \_\_\_\_\_
- Is most successful in**  Large Groups  Small Groups  Other \_\_\_\_\_
- Responds better to**  Males  Females  Either \_\_\_\_\_
- Following directions**  Can independently  With verbal prompting  With step-by-step assistance

## BEHAVIORS/CONDUCT

- Short attention span
- Hyperactivity
- Oppositional/defiant
- Steals
- Verbal outbursts
- Easily Distracted
- Runs/wanders
- Manipulative
- Tantrums
- Instigates behavior
- Emotional Meltdown
- Shy/Withdrawn
- Physical outbursts towards others/self
- Other: \_\_\_\_\_

**What are the known triggers?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the participant respond to specific behavior techniques?**  
\_\_\_\_\_  
\_\_\_\_\_

**Any unusual fears or concerns?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the participant respond to specific reinforcement devices?**  
\_\_\_\_\_  
\_\_\_\_\_

## JUST A FEW MORE THINGS

School/Work: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/Para: \_\_\_\_\_  
School/Work #: \_\_\_\_\_ Classroom Setting: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

# WAIVER, RELEASE OF ALL CLAIMS, AND HOLD HARMLESS AGREEMENT FORM FOR MCDONOUGH COUNTY SPECIAL RECREATION ASSOCIATION (MCSRA)

PLEASE  
REVIEW  
AND SIGN

## IMPORTANT INFORMATION

The McDonough County Special Recreation Association (MCSRA) is committed to conducting its recreation programs and activities in a safe manner and hold the safety of participants in high regard. The MCSRA continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents' guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled, in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in and recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. Participants must understand that certain risks, dangers, and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, in supervision, premises defects, and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the MCSRA to guarantee absolute safety.

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing it and participating in the MCSRA programs, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or losses which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume that full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the MCSRA, including its officials, agents, volunteers and employees (hereinafter collectively referred as "MCSRA").

I do hereby fully release and forever discharge the MCSRA from any and all claims for injuries, damages, or losses that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I understand the MCSRA may photograph/videotape the events or activity in which I am (or my child/ward is) participating. I give my permission for the MCSRA to sue photographs or videotape of me (or my child/ward) for the purpose of promoting the MCSRA and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child/ward) at this time or in the future for the use of my (or my child/ward's) likeness.

**If extenuating circumstances prohibit the use of my (or my child/ward's) likeness, please circle the following:**

### No Photo

In the event of an emergency, I understand and authorize MCSRA staff and officials to secure from any licensed hospital, physician, and/or medical personnel and treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment or any and all medical services rendered.

**I have read and fully understand the above Important Information, Warning of Risk and Release of All Claims and Assumption of Risk. If registering a minor participant, I further attest that I have read the above to my minor child/ward.**

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

Participant Signature: \_\_\_\_\_

(if 18 years or older)

or

Today's Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**This form expires one year from date above.**

# SEIZURE QUESTIONNAIRE

If a participant has been diagnosed with a seizure disorder, epilepsy, or experiences episodes of seizure activity, a completed Seizure Questionnaire, or equivalent seizure plan is required for participation in MCSRA programs. The document is kept on file and a copy is given to program staff in order to provide the desired level of care in the event of a seizure during the program.

**PLEASE  
REVIEW  
AND SIGN**

Please complete this form if the participant experiences seizures, or (if applicable) return a copy of your child's seizure plan from their school.

## PARTICIPANT INFORMATION

Today's Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

## CURRENT SEIZURE MEDICATIONS

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s) of intake: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PLEASE NOTE:

MCSRA Staff  
will not  
administer  
medication.

## SEIZURE TYPE

Please select any/all that apply.

Absence (Staring Spell)     Simple Partial     Generalized (Gran Mal)     Other (explain): \_\_\_\_\_

Atonic (drop)     Complex Partial    \_\_\_\_\_

Date of last seizure: \_\_\_\_\_ Average duration? \_\_\_\_\_

Duration of longest seizure: \_\_\_\_\_ Symptoms prior to the onset of the seizure? (i.e. smells, stomach pain, fear, sounds)

\_\_\_\_\_

Please list the necessary steps you would like MCSRA to take in the event of a seizure:

1. Call 911 for a seizure lasting more than \_\_\_\_ minutes.

2.

3.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Please note, if this form or other seizure plan is not submitted to MCSRA, staff will call 911 for any seizures lasting longer than 60 seconds.

# COVID-19 ASSESSMENT

Please review the following polices and return the signed form to our office.

PLEASE  
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The COVID-19 virus is an extremely contagious virus that spreads easily through person-to-person contact. Federal authorities and the State of Illinois recommend social distancing to prevent the spread of COVID-19. Contracting COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participation in MCSRA programs could increase the risk of you or your participant in contracting COVID-19. MCSRA and its staff undertakes every effort to keep the programming spaces clean and disinfected; however as with any public facility, MCSRA cannot guarantee that the participant will be 100% safe from airborne illnesses such as COVID-19, colds, or flu while participating in programs. The MCSRA staff are asking that all participating in programs go through an assessment with an MCSRA staff member prior to starting programs to ensure the participant can adhere to Center for Disease Control (CDC) and social distancing guidelines.

Participants will be asked to demonstrate the following during an assessment: Participant needs to show they can wear a mask independently for an extended amount of time, staff may assist with tying of masks as needed. The MCSRA staff will conduct an assessment through a Zoom call or complete a personal assessment to decipher that the participant can successfully wear their personal mask for the following recommended guideline time frames:

- Early childhood, 10 to 15 minute increments
- School age, 10 to 20 minute increments
- Adult, 20 to 30 minute increments

*During the assessment period, the MCSRA participants will also need to show the following:*

1. Participants can wash their hands independently or with minimal assistance and/or verbal cue or prompts.
2. Participants understand not being able to touch others and keeping distance from others with verbal cues and prompts.
3. Participants must be able to refrain from habits that could increase the spread of illness such as:
  - Picking Skin
  - Picking nose
  - Wiping nose and eyes with hands
  - Spitting
  - Putting objects in their mouth
4. Participants must allow a visual health screening upon arrival and departure. Employees will look for the following during a visual health screening:
  - No soiled clothes
  - No open wounds
  - No visual symptoms of illness
5. Participants must be able to use the bathroom with minimal assistance. MCSRA staff will not be allowed to assist with toileting or transferring at this time.

*As part of the registration process participants and/or care givers are committing to following guidelines set forth by CDC and the Illinois Department Public Health (IDPH).*

- Participant has no temperature (lower than 100.4°)
- Participant is free of shortness of breath
- Participant is free of diarrhea
- Participant is free of cough
- Participant is free of sore throat

*By signing registration form for programs, program participant and/or guardians are agreeing to check the participant's temperature prior to programs ensuring it does not exceed 100.4 F. If temperature exceeds 100.4 F, participants will not be allowed to attend programs that day. This is to ensure the safety of participants and employees.*

I, \_\_\_\_\_ as the guardian or self, understand the above statments and agree to them.

Participant Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

*(if 18 years or older)*

# MCSRA PROGRAM POLICIES

Please review the following policies and return the signed form to our office.

**PLEASE  
REVIEW  
AND SIGN**

Parents/guardians and participants are responsible for informing the MCSRA staff of any changes to address, phone numbers, or medical information.

If a participant will be absent from a program for any reason, please notify the MCSRA office one week (five business days) prior to the program date. If a participant cancels less than five business days before the program, only a 50% refund will be issued. If a participant cancels on the day of the program, no refund will be issued.

Programs may be cancelled due to inclement weather or low enrollment numbers. When a program is cancelled for either reason, a credit will be placed on the participants account to be used toward future programs

MCSRA provides an approximate 1:4 staff-to-participant ratio. If the participant requires a closer 1:1 ratio, please indicate the reason on the registration form.

Although the MCSRA realizes that inappropriate behavior may occur in programs, the MCSRA Director retains the right to suspend participation if hazardous, disruptive, or destructive behavior persists. Participants may be held liable for deliberate destruction of equipment or facilities.

When arriving at or departing from a program, please check in with the staff before you leave or take the participant. If someone other than the parent/guardian will be picking a participant up, a note must be given to an MCSRA staff member. Staff will not allow a participant to leave with another person without written notice.

If a non-authorized individual takes a child without the consent of the MCSRA, local law authorities will be contacted and further action will be taken.

If a participant arrives at a program earlier than 15 minutes prior to the program start time or is picked up 15 minutes later than a program end time, appropriate parties will be charged for the additional staff expense accrued during that time.

While MCSRA staff will assist participants with their belongings at programs, the MCSRA cannot be held responsible for lost or stolen property. Participants should not bring valuables to programs.

Consumption of alcohol is not permitted at any MCSRA program (this includes adults, ages 21 and older).

It is the parent/guardian and participant's responsibility to inform MCSRA staff of any medication a participant is taking. This information is very important in case of an emergency. Medication information should be noted on the registration form. Any change in medication should be communicated to the MCSRA.

**+** For the protection of all participants in programs, participants must stay home or will be sent home if he or she shows any of the following symptoms: **+**

- A temperature over 100.4°
- Stomachache accompanied by diarrhea or vomiting
- Any undiagnosed rash
- Sore or discharging eyes or ears
- Profuse nasal discharge (green or yellow)
- Have a highly contagious condition such as chicken pox, measles, lice, etc.

***By signing below, you agree to abide by the policies set forth by the MCSRA.***

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

Participant Signature: \_\_\_\_\_

*(if 18 years or older)*  
or

Today's Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**This form expires one year from date above.**