



## AIM 2011-2012 Registration Form

### I. Contact Information

Name: Male  Female

Date of Birth: Phone #:

Street Address:

City/Town: State: Zip Code:

Emergency Contact Name:

Emergency Contact Phone Number Home:

Cell:

Parent/Guardian E-mail Address:

AIM Participant E-mail Address:

To facilitate communication among the AIM community outside of our monthly meetings, we would like to create an AIM Program Directory. Your contact information will be available ONLY to other registered AIM participants and no one else. Please check the items below that you are willing to share:

Home Phone

Parent/Guardian E-mail

Cell Phone

Participant E-mail

City/Town

Participant Age

I do not want to share my contact information with other AIM members.

### II. Registration

I have enclosed my annual registration fee of \$125.00 (Checks payable to MDSC): Y  N

I would like to apply for a scholarship to cover the cost of the registration fee: Y  N

### III. Support Assessment

*We appreciate your honest evaluation of the participant's need for support during our activities and programs, to ensure safety and success.*

Please check one:

- 1. Participant is independent and travels in his/her community unassisted. He/she will navigate an event site once familiar with the layout, follow directions readily and will probably be of assistance to others attending an event. He/she will leave the event at its close and will not need to wait to be picked up by a parent/guardian after events.
- 2. Participant is comfortable in group situations and typically adjusts to new situations well. He/she may need support navigating to different locations at an event site. He/she responds well to verbal directions and is usually cooperative. Participant does not need one-on-one assistance, but requires supervision. Participant will need to be picked up by an authorized individual at the end of the event.
- 3. Participant is less confident in large group settings. He/she may be anxious about attending something new and may need the support of a consistent familiar face in order to adjust. Participant will need assistance navigating to different locations at event site. One-to-one assistance may be necessary for participant to participate in activities successfully and to stay on task. Participant may or may not have challenging behaviors. Participant will need to be picked up by an authorized individual at the end of the event.
- 4. Participant requires one-on-one assistance by a familiar support person to assure safety. Participant might unexpectedly attempt to leave site requires one to one assistance by a support person to assure safety. Or he/she may have other challenging behaviors and/or health issues. He/she will need to wait to be picked up by a parent or guardian at the end of the event.
- Check here if you can provide a one-on-one assistant for the participant. We encourage parents & guardians to help us identify and train a one-on-one support person who can best help the participant be successful in our program.

Support Person's Name:

Email Address:

Phone #:

#### **IV. Support Suggestions**

Please complete all that apply.

##### **1. Restroom:**

Please check one:

- Will not require assistance getting to & from the restroom.
- Please provide escort to & from restroom.
- Please provide escort to and from restroom and support in restroom.

Please describe the level of support required:

**2. What specific supports would help participant during events & activities?**

**3. If participant expresses frustration or anxiety by demonstrating challenging behaviors, what would those behaviors look like and what specific strategies would likely help alleviate frustrations/anxieties to prevent challenging behaviors?**

**4. What specific responses help when challenging behavior occurs?**

**5. Communication**

Please check one:

- Participant's speech is intelligible, even by those new to him/her
- Participant's speech may not be understood by people who don't know him/her
- Participant does not use speech or uses very limited speech to communicate
- Uses sign language: ASL SEE Gestures (check all that apply)
- Uses an augmented communication device. Please describe:

**V. Health History: To be Completed by Parent/Caregiver:**

**1. Does your child have any medical conditions that we should be aware of? If so, please let us know of we can do anything to accommodate his or her medical conditions.**

**2. Please list any any food, environmental, or medication allergies.**

Is the participant capable of monitoring his or her own diet for diabetes, milk allergies, or gluten sensitivities?

Yes       No

3. What medications does your child take on a regular basis?

*Please note: The MDSC is unable to administer any medications.*

Medication Name	Dosage	Date Presc.	Times per Day

Please list anything else that you feel would be helpful for staff or volunteers to know regarding the participant:

**Physician Information**

Physician Name:

Physician Phone:

Physician Address:

**VI. Signature**

Please fill out one of the following:

A. Signature of parent/legal guardian: \_\_\_\_\_

Date:

B. AIM Participant is over the age of 18 AND his/her own legal guardian

Signature of AIM Participant: \_\_\_\_\_

Date:



## Massachusetts Down Syndrome Congress

### Advocates in Motion (AIM)

## ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND RELEASE

### Assumption of Risk:

The undersigned understands and agrees that participating in the Advocates In Motion program (AIM) is in and of itself an inherently dangerous activity that carries with it inherently dangerous risks that cannot be eliminated regardless of the care taken to avoid injuries, such risks include, but are not limited to, serious risk of damage and injury to bones, joints, head, neck, spine, muscles, skin and internal organs, and such activity may lead to death.

**I have read the previous paragraph and I know, understand and appreciate these and other risks that are inherent in participating in the AIM program. I hereby assert that my participation, my ward's or my child's participation, as the case may be, is voluntary and that I have knowledge of the danger involved and of the possibility of personal injury or death and I assume the risk of all such personal injury or death (*Initials* \_\_\_\_\_).**

### Waiver of Liability:

The AIM program is thereby offered with the provision that Massachusetts Down Syndrome Congress and its respective officers, directors, affiliates, employees, volunteers and agents (collectively "MDSC") can not be held liable for injuries incurred in any situation. In consideration of participating in the AIM program, I for myself, my heirs, personal representatives and assigns, do **hereby covenant not to sue, release, waive and discharge MDSC from and against any and all liability and any and all claims** arising from my participation in the AIM program, including but not limited to any personal injury (including death), accidents, injuries that I may receive or property loss undertaking such activities.

**Parent or Guardian:**

I am the parent or legal guardian of the above named ward or minor child and, as such, I am authorized to enter into this agreement on his or her behalf. I agree that said ward or minor child and I are bound by and subject to the terms of this agreement. I understand that my signature here reflects my agreement on behalf of said ward or minor child to **hereby release, waive discharge and covenant not to sue the MDSC from any and all claims** resulting in personal injury (including death), accidents or illnesses or property loss sustained or suffered by said ward or minor child arising from participation in the AIM program.

**Indemnification and Hold Harmless:**

I also agree to INDEMNIFY the MDSC and hold the MDSC HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought by or on behalf of said ward or minor child as a result of said ward’s or minor child’s participation in AIM, and I will reimburse them for all expenses incurred as a result of any and all such claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees.

**Severability:**

The undersigned further expressly agrees that this assumption of risk and waiver of liability agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Massachusetts, that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Photo Release:**

I hereby consent to and authorize the use and reproduction by MDSC of any and all photographs and other audiovisual materials taken of me, my child, my ward, as the case may be, for promotional printed material, internet material, educational activities, or for any other use for the benefit of the program.

**Acknowledgment of Understanding:**

I have read this assumption of risk and waiver of liability agreement, fully understand its terms, **and understand that I, on my own behalf, or on behalf of my child or ward, as the case may be, am giving up substantial rights, including the right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant, Parent or Guardian