



MDSC 2012 Annual Conference Young Adult Registration Form

Registration Form & Waiver must be in by March 9th, 2012.

Please note: If your son or daughter is currently registered for the 2011-2012 AIM Program Year, it is not necessary to fill out this form. Contact Colleen Endres, cendres@mdsc.org, with any questions.

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:

E-mail Address:

II. 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 #:

III. 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:

IV. 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

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:

V. Signature

Please fill out one of the following:

A. Signature of parent/legal guardian: _____

Date:

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

Signature of Participant: _____

Date: