



# SPECIAL LE



## CITY OF LAKE ELSINORE REGISTRATION AND EMERGENCY CONTACT FORM

Thank you for taking the time to join us in our special needs program for residents of all ages. We hope to bring lots of memories, bonding, activities, and socializing with this program and the participants. Please provide as much information as possible. It will be given to the program leaders to help them give your child the best experience.

### GENERAL INFORMATION:

Participants Name:	Address:
Parent(s)/Guardian/Care Provider:	City & Zip Code:
Date of Birth:	Age:
Telephone:	Gender:
Email Address:	

### EMERGENCY CONTACT INFORMATION:

(Person to contact, who is legally able to make medical decisions, in event of an emergency)

Name of Contact:	Telephone Number:	Relationship:
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### MEDICAL/COMMUNICATION INFORMATION:

Describe physical, mental or emotional disabilities. Please be specific

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Is there history of seizer behavior? If yes, please explain type, frequency, and last seizer

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Does your child have any fears or dislikes that we should know about?

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List allergies/dietary restrictions we should know about?

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Does participant have any special fears or tends to wander?

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How does your child communicate? Verbal, pictures, signs?

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List participants interests/activities

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Are there any behavioral issues we should be aware of (hitting, biting, etc.) If so, how should we respond to this behavior?

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Please list any additional information that you feel we should know

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**Liability Waiver:**

*I realize every precaution is taken to eliminate any injuries or hazards and a competent supervisor is present: however, in the event of an injury, I hereby waive, release and hold harmless from any liability for damages for personal injuries including accidental death, as well as against the supervisor, the City of Lake Elsinore, its officers, agents, employees, and volunteers. I further permit the us of activity/event photography and/or video media promotion. In case of accident or other emergency, personnel of the Community Services Department and/or its agents are hereby authorized to secure medical care deemed necessary as a result of accident or injury for the participant. I further agree to pay any and all costs incurred a result of said treatment.*

*I further permit the use of activity/event photography and/or video for media promotion*

**SIGNATURE PARENT/GUARDIAN/CARE GIVER:**

**DATE:**

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# City of Lake Elsinore

## Community Services Department

### Special LE Rules

1. Participants who require assistance with personal hygiene, restroom skills, or eating are welcome to participate, but must always be accompanied by a care provider, guardian or family member who can assist them with these needs. Staff is unable to provide adequate staffing to assist with these needs or provide “one on one” attention without compromising the supervision of other participants.
2. Out of courtesy and to ensure the safety of others, participants who are ill must stay home.
3. City staff is not permitted to administer medications, prescriptions, otherwise.
4. Participants who, in the opinion of staff members, or are known by their care provide have tendencies to “run off” and to not stay on premises must be accompanied by a care provider who will tend to the safety and the whereabouts of their participant. We are unable to provide adequate staffing necessary to locate those who have left the premises without compromising the safety of those who remain within the physical boundaries of our activities.
5. All participants must fill out an application, family members, siblings, are not required to fill out an application; whoever attends the program must register online per person.
6. Parents, guardians or care providers must participate with their child at all times, unless otherwise instructed by supervisor.
7. We cannot be responsible for lost or stolen items.
8. This is a co-op program parents/guardians/care providers are required to stay with their child(ren) at all times.
9. If participants would like to participate in an activity, parents/guardians/care providers are required to assist and supervise their participants.

It is the City of Lake Elsinore’s desire that this program be successful, and be a source of enjoyment for each participant, and a source of pride for the Community. These simple rules will help ensure the safety of your participant, the success of the program, and provide fun and many good times for the participants and the staff.

Thank you for your cooperation.

**PLEASE CHECK ALL:**

\_\_\_\_\_ I UNDERSTAND THESE RULES AND AGREE TO ABIDE BY THEM AS A PARTICIPANT.

\_\_\_\_\_ I HAVE EXPLAINED THESE RULES TO MY PARTICIPANT. PARTICIPANT AGREES TO ABIDE BY THE RULES.

\_\_\_\_\_ I WILL BE ACCOMPANYING MY PARTICIPANT TO EACH FUNCTION OR MAKE SURE A GUARDIAN OR CARE PROVIDER IS THERE TO ATTEND THEIR NEEDS AND ENSURE THAT THE RULES ARE FOLLOWED.

X \_\_\_\_\_  
Name of Participant – Print Date

X \_\_\_\_\_  
Name of Parent/Guardian/Care Provider – Print Date

X \_\_\_\_\_  
Parent/Guardian/Care Provider – Signature Date

