

Personal Information

Name: _____

Preferred Name: _____

Address: _____

City: _____ State: Ohio Zip Code: _____

Phone Number: Home: _____

Cell: _____

E-mail: _____

Gender: _____ Date of Birth: _____ Age: _____

Portage DD Information

Are you your own guardian? YES NO

If no, who is your guardian? _____

SSA (Case Worker at the DD): _____

Disability: _____

Participant lives (circle one)

Supported Living/ Waiver With family Alone Other: _____

Do you currently have a waiver? YES NO

If yes, what waiver? Level One IO Self Other: _____

Do you currently have staff or a provider? YES NO

How many hours a week does your staff work with you? _____

Please list the company or independent provider: _____

Where do you work? _____

Unified
Resources
Recreation

Adult
Program

Registration
Packets

2022

**Unified
Resources
Recreation**

URR Information

Have you attended Unified Resources Recreation before? Yes

No

If yes, What is your favorite:

Outdoor activity: _____

Indoor activity: _____

Holiday Party: _____

Is there an activity you wished URR participated/attended?

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Do you participate in other recreation programs or events outside of URR?

YES NO

If yes, please list:

Emergency Contact 1:

Name: _____

Relationship: _____

Phone Number: _____

Other Number: _____

Emergency Contact 2

Name: _____

Relationship: _____

Phone Number: _____

Other Number: _____

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Can the URR staff offer you:

Bug Spray: __ Yes __ No

Sunscreen: __ Yes __ No

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Signing up

How would you like to receive your calendar? Mail Email

Do you receive a calendar at work? YES NO

Can you sign up for your own activities? YES NO

If no, who should we talk to? _____

When calling with location of events/ pick-up times, Who should we contact?

Name: _____ Phone: _____

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At Activities

Can you order your own food at activities? YES NO

Can you manage your own money at activities? YES NO

If no to either question, please put your name, the amount of money,
and what you can buy in an envelope for the URR staff.

Can you eat food on your own? YES NO

Are you a choking risk? YES NO

Can you ask for help when needed? YES NO

Are you able to walk independently? YES NO

Do you have alone time in the Community? YES NO

Can you tell a staff when you need to use the bathroom? YES NO

What is the word or method for bathroom? _____

Can you use the bathroom on your own? YES NO

If no, you will need to have staff, an aid, or a family member present
for the entire event.

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After Activities

Can you be dropped off at home if no one is there? YES NO

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Photo Release:

Please check the appropriate box

☐ Permission is given to URR to use any photograph, videotaping, and artwork of the participant and the participant's name for news stories, marketing, publications (website, social media, etc.) and community awareness.

☐ Please, no photos.

Signature

Guardian Signature

Waiver and Release:

I understand that although I will be supervised by URR staff and volunteers, I do assume the risk of my participation in the event. I understand that I am expected to follow all applicable rules, standards, instructions and laws, including, but not limited to, those that pertain to riding in a motor vehicle. I understand the staff will do everything possible to prevent any accidents. However, I fully understand that some activities involve inherent risks to participants regardless of all feasible safety measures that may be taken by URR including risk associated with traveling to and from the location of the event by walking, transportation or other means and the possibility of bodily injury, emotional distress, loss or damages, incurred while transporting to or participating in the trip.

I acknowledge that I will not seek to have URR held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my participation in this program. I have read and understand and accept all of the statements recited above and accept full responsibility as described.

Date: _____

Participant Signature

Date: _____

Guardian Signature (if applicable)