



ADULT SOCIAL CLUB Participant Profile

Participation Criteria:

The Adult Social Club is available to adults with special needs, aged 18-30 years who live in Durham Region.

To ensure safety during club meetings and community activities, participants must:

- Be medically stable for 6 months and have no recurring history of problems with breathing, swallowing, choking or life threatening conditions.
- Have an emergency contact available at all times.
- Be able to follow directions and remain with Program Staff & Volunteers at all times.
- Demonstrate appropriate behaviours, without putting themselves or others at risk.
- Participants who require 1:1 support for personal care (eating, toileting, behavioural support) must be accompanied by a support worker.

Abilities Centre reserves the right to exclude any participant:

- Who does not meet the participation criteria.
- Whose medical/physical/behavioural needs cannot be accommodated within large group and community settings.

The Participant Profile is completed annually by the member, parent or legal guardian for members registered for the Abilities Centre Adult Social Club.

MEMBER PERSONAL INFORMATION			
First Name:		Last Name:	
Address: (apt #, street #, street name)		City:	Postal Code:
Home Phone:		Cell Phone:	
Email Address:			
Date of Birth:		Current age:	Gender: (circle one) Male Female
EMERGENCY CONTACTS			
Primary Contact:		Secondary Contact:	
Relationship to Member:		Relationship to Member:	
Home Phone: ()	Cell/Work Phone: ()	Home Phone: ()	Cell/Work Phone: ()
Email Address:		Email Address:	

HEALTH INFORMATION

Disability/Diagnosis:

Special Requirements:

Support Worker Required: Yes No Reason: Physical Medical Behavioural

Personal Care: check items that apply

Eating: <ul style="list-style-type: none">○ Requires assistance○ Food allergies○ Adaptive equipment	Toileting: <ul style="list-style-type: none">○ Requires supervision○ Requires assistance○ Requires reminding○ Adaptive equipment○ Catheterization	Allergies: _____ _____ _____ _____ Use Epi-Pen
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MEDICATION: Requires Assistance	DOSAGE	ADMIN TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____

Functional Skills: check items that apply

Communication: <ul style="list-style-type: none">○ Speech deficit○ Bliss board○ Electronic device ○ Sign language○ Hearing loss R ear L ear○ Hearing Aids ○ Wears glasses○ Uses assistive device	Difficulties with Cognition: <ul style="list-style-type: none">○ understanding○ following directions○ memory○ decision making○ way-finding○ money skills○ time orientation○ attention○ perseveration	Physical: <ul style="list-style-type: none">○ Limited gross motor skills○ Assistive equipment○ Poor fine motor skills○ Assistive equipment
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Social Skills: check items that apply

- Shy (needs encouragement)
- Attention seeking
- Uninhibited/unreserved (needs support)
- Aggressive/abusive
- Emotional (needs guidance)

Comments:

TRANSPORTATION	
Members are required to arrange their own transportation to and from the Iroquois Park Sports Centre for monthly club meetings and community based activities. Arrangements for activities requiring group transportation will be made by the Program Director.	
Primary mode of transportation:	Do you qualify for Durham Specialized Transit: Yes No
Might you or a family member be able to provide transportation for any other members?	

In consideration of my participation in any Adult Social Club activities, I assume all risk of personal injury, death or property loss resulting from any cause whatsoever, other than any such injury, death or property loss resulting from the gross negligence on the part of Abilities Centre, its agents, servants and employees. I/We agree that Abilities Centre, its agents, servants and employees shall not be liable to me, my child(ren) or our heirs or estate trustees for any such personal injury, death or property loss and release the said Abilities Centre, its agents, servants and employees and waive any and all claims with respect thereto. I/We agree that the information contained herein is correct. I/We further agree that if there is a change in the information and/or medical condition of me/our child(ren) that I/we will inform Abilities Centre Adult Social Club immediately of such change.

_____ Member/Parent/Guardian Signature Date

Check box and sign, if applicable.
I/We have indicated that a support worker is required at all times, and I/we agree that the support worker shall assume full responsibility for the participant's medical/physical/behavioural needs while engaged in any Adult Social Club activity.

_____ Member/Parent/Guardian Signature Date

Payment:
Registration Fees are collected at the time of membership enrollment, and will be prorated for the remaining duration of the calendar year. All memberships will be renewed in January of next calendar year.

Refunds:

- Full refund for a Community Activity will be issued if that activity is cancelled by Abilities Centre.
- Membership cancellation/refund due to medical reasons will be issued upon receipt of a medical note.

Office Use Only:

Registration Fee Amount: _____	Cash	Cheque	Receipt #: _____
Membership Period: _____		Renewal Date: _____	
Date payment processed: _____		Processed by: _____	
Cheque copied & put on file: Y N			