

Spring 2012 PRIDE Registration Form
Physical activity and Recreation for Individuals with Disabilities in the Eau Claire area

(Please print name of child)

Name (First and last) _____

Address _____

City _____ State _____ Zip _____

Phone () _____ E-mail: _____ Sex M F (circle one)

Date of Birth _____ Age (Sept '11) _____ Grade (Sept '11) _____

Parent(s) or Guardian(s) _____

Emergency Contact _____

Phone () _____

Type of Disability _____ School (Sept '11) _____

General Areas of Disability (check all those applicable)

___ Intellectual/Cognitive Disability ___ Orthopedic Disability

___ Down Syndrome ___ Spina Bifida

___ Learning Disability ___ Sensory Impairment

___ Cerebral Palsy ___ Auditory

___ Cardiac Impairment ___ Visual

___ Seizure Disorder ___ General Motor Impairment

___ Autistic ___ Other

Approximate date of last medical exam _____

MEDICATIONS (Present medication / Purpose)

1. _____
2. _____

FUNCTIONAL CAPACITY

___ Unrestricted: No restrictions need to be placed on your child relative to vigorousness or type of activity

___ Restricted: Child's condition is such that the intensity and type of activity need to be limited

___ Mild: Ordinary physical activity need not be restricted, but unusually vigorous efforts need to be avoided

___ Moderate: Ordinary physical activity needs to be moderately restricted and strenuous efforts need to be avoided

___ Limited: Ordinary physical activity needs to be markedly restricted

Special Precautions: _____

PAST HISTORY

Has the child?

Been screened for atlantoaxial instability? YES NO

If yes, what was the result? _____

Ever had a seizure? YES NO

If yes, approximate date of last seizure _____

Is the seizure controlled with medications? YES NO

If yes please describe (1) type, (2) frequency and (3) triggers of seizures.

Used/use of an inhaler for asthma or other respiratory difficulties?

YES NO

ACTIVITY LEVEL

Can/does the child?

Walk independently without assistance from another person? YES NO

Walk with the aid of a supportive device (crutches, walker, etc.)? YES NO

Wheel himself/herself around in the wheelchair? YES NO

Use the bathroom by self? YES NO

Enjoy playing with other children? YES NO

Comments _____

BEHAVIOR PLAN

Are there specific behavior management tips that work well with your child? YES NO

If yes, please explain _____

Are there behavior management strategies that are part of your child's individualized education plan (IEP/IFSP) YES NO

If yes, and you are willing to share that information to help the PRIDE staff, please attach or write here _____

What words or actions do you use when you see your child doing good things at home or in school? Please describe _____

List any particular actions or activities that frighten your child or cause him/her to shut down.

X _____

(Signature of Parent or Guardian)

PRIDE

Guardian Permission for Participation

The University of Wisconsin – Eau Claire PRIDE program is a physical activity program for children with cognitive, sensory, and physical disabilities. PRIDE is run by the Physical Education/ Adapted Physical Education Program and supervised by two faculty members of the program. Each child will receive individual instruction, attention, support, and encouragement from UWEC undergraduate students. As one might expect, there is some element of risk involved in any physical activity. Though the risk is greatly reduced with the use of safety equipment, supervision, and training, there remains the risk of injury during participation in PRIDE activities. Therefore, it is necessary to get your permission to allow _____ to participate in PRIDE.

In signing this consent, you have thoroughly read this statement and understand the inherent risks of participation in PRIDE activities.

Parent or Guardian Signature Date

Print Parent or Guardian Name _____

Address _____

Phone # () _____

Please return registration form and payment in stamped envelope or to:
Department of Kinesiology, attn. Dr. Marquell Johnson
UW-Eau Claire
McPhee Physical Education Center, 227
Eau Claire, WI 54702

For Office Use Only	
Received	Medical Form