Fall 2022 P.R.I.D.E. 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 ‘22) _________________ Grade (Sept ‘22) _______________

Parent(s) or Guardian(s) _______________________________________________________

Emergency Contact

Phone ( ) _________________________

Type of Disability ___________________________ School (Sept ‘22) ___________________________

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 P.R.I.D.E. 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 actions or activities that frighten your child or cause him/her to shut down.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

X ____________________________________________
(Signature of Parent or Guardian)
P.R.I.D.E.

**Guardian Permission for Participation**

The University of Wisconsin – Eau Claire P.R.I.D.E. program is a physical activity program for children with cognitive, sensory, and physical disabilities. P.R.I.D.E. is run by the Rehabilitation Science 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 P.R.I.D.E. activities. Therefore, it is necessary to get your permission to allow ______________________ to participate in P.R.I.D.E.

In signing this consent, you have thoroughly read this statement and understand the inherent risks of participation in P.R.I.D.E. 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, 221
Eau Claire, WI 54702

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