

**Fall 2017 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 '17) \_\_\_\_\_ Grade (Sept '17) \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Type of Disability \_\_\_\_\_ School (Sept '17) \_\_\_\_\_

**General Areas of Disability** (check all those applicable)

\_\_\_ Intellectual 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 particular 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 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 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

For Office Use Only	
Received	Medical Form