



Fall 2017 through Summer 2018 Participant Application

Completed form should be returned to: Eagle Mount Billings (snail mail, email or fax)

1140 16th Street West, Suite 12, Billings, MT 59102

406-969-2949 office

406-969-2952 fax

programs@eaglemount.us

Participant Name: _____ Date of Birth: _____ Age _____

Address: _____
 Street City State Zip

Phone: _____ (Preferred) _____ (Alternate)

E-mail: _____ Today's Date: _____

Is the participant their own guardian? YES or NO *If "NO" please complete the guardian/parent section below.

Guardian/Parent Section

Guardian/Parent Name: _____

Address: _____

Is the address a group home? YES NO

Group Home Name: _____

Primary Phone: _____

Alt. Phone: _____

Parent / Guardian Signature: _____

Date: _____

EMERGENCY Contact

Emergency Contact Name (different person than listed in the guardian/parent section): _____

Relationship to Participant: _____

Primary Phone: _____

Alt. Phone: _____

***Please Note: Eagle Mount Staff are not trained medical staff. In the case of an emergency, if a guardian or the identified emergency contact is not available, all staff are directed to call for professional medical assistance.**

PAYMENT

Will you be seeking financial assistance from Eagle Mount? Y / N (*If "Y" please contact the office to obtain paperwork 969-2949.)

To better assist us with grants we are asking if the participant is considered at or below low income?
 (If unsure use chart for reference)

| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 34,550 | 39,500 | 44,400 | 49,350 | 53,300 | 57,250 | 61,200 | 65,150 |

Circle one: YES or NO

Will you be working with another agency for billing purposes? Y / N

- | | | |
|--------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> STEP | <input type="checkbox"/> RSD | <input type="checkbox"/> AWARE |
| <input type="checkbox"/> Full Circle | <input type="checkbox"/> COR | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> RSS | <input type="checkbox"/> Benefis | |

What is the name and contact number of your case manager/staff that you are working with to obtain additional funding?

Name: _____

Phone number: _____

MEDICAL / HEALTH

Primary Disability/Diagnosis: _____

Secondary Disability (ies)/Diagnosis: _____

Please check (☑) the description that best describes the participant:

Mobility

- Walks without any difficulties /assistance
- Walks with minimal assistance especially over uneven surfaces
- Walks with a mobility device such as a walker/crutch
- Does not walk or walks only a few steps with assistance - Power WC / Manual WC / Stroller (circle)

Communication Style

- Can verbally communicate ALL needs/wants, likes/dislikes, yes/no, etc.
- Can verbally communicate SOME needs/wants, likes/dislikes, yes/no, etc. However, is also able to communicate non-verbally without difficulties or translation.
- Uses an assistive technology device/PEC to communicate. Please identify: _____
- Can communicate some needs/wants, likes/dislikes, yes/no, etc. by using the following non-verbals please describe (i.e. facial expression, movements, tongue, blinks, etc.): _____

OTHER (Please describe): _____

Toileting:

- Toilets independently without supervision available in/near bathroom
- Toilets independently with supervision available in/near bathroom
- Toilets independently but needs assistance with wiping
- Toilets independently but needs verbal cues to maintain focus to toileting
- Diapered – Contact Eagle Mount Billings for specific toileting needs (please send diapers/wipes if needed).
- *Catheter and/or bag

**If the participant is on a cathing schedule and is unable to cath independently, an Assistant/PCA/Nurse will need to accompany the participant.*

Medical

- Seizures within last year
- Fainting / loss of conscience with limited to no notice
- Allergies – (food/animal/environmental/medication): _____

Does the participant have any surgery/complication that would be a barrier to participate? Y / N

If Yes, Please explain: _____

Please identify any additional health concerns that would directly impact participation: _____

Medication / First Aid - Our staff and volunteers are only allowed to provide basic first aid. (cleaning minor abrasions/cuts, Band-Aids, ice packs, heat packs, ointments, minor stings/bites) We cannot administer medication.

Safety/Behaviors – Eagle Mount Billings regards safety as our first concern. Participants in any of the programs may be removed or excluded for behavior/s that is deemed by Eagle Mount Billings to be a danger to self or others.

Does the participant have any aggressive behaviors? Y / N

If Yes, Please explain: _____

Parent/Guardian Tips & Tricks Sheet 😊

This page does not need to be completed for adults who are their own guardian and can clearly communicate wants/needs.

To help our staff and volunteers provide the best experience we ask you to provide some information to help us get to know each participant. When completing this page, provide answers that would best help us help the participant be successful.

Participant Name: _____

Primary Disability: _____ Walk Crutch WC/Stroller

Top 3 favorite recreation activities:

1. _____ 2. _____ 3. _____

Favorite music, games, songs, characters: _____

If this participant is upset what are some tips / tricks / phrases that help calm down and redirect?

Are there any specific triggers that may cause a negative reaction?

Does the participant prefer a specific volunteer? Male Female No preference

Does the participant have an allergy food/animal/etc. that we should be aware of?

Does the participant have any additional medical concerns that we should be aware of?

Is the participant a runner? Y / N

If Yes, Please explain: _____

Does the participant have any aggressive behaviors? Y / N

If Yes, Please explain: _____

Additional concerns/comments: _____

Eagle Mount Billings regards safety as our first concern. Participants in any of the programs may be removed or excluded from a program for behavior that is deemed by the organization to be a danger to self or others. Parents/caregivers will be contacted if immediate action needs to take place that day. The executive director will contact parents/caregivers if there is a persistent concern that is deemed to be a danger to self or others.

Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, Eagle Mount Billings and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Eagle Mount Billings related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. **Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.
2. **Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the activities.
3. **Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.
4. **Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of MT and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Yellowstone County, MT; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

| | | |
|--------------------------------|--|-------------|
| | | |
| Participant's Signature | Participant's Name (please print clearly) | Date |

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

| | | | | |
|--------------------|--|---|---------------------|-------------|
| | | | | |
| Minor's DOB | Parent/Legal Guardian or Representative Signature | Parent/Legal Guardian or Representative Name | Relationship | Date |

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

| | | |
|--|---|---------------------|
| | | |
| Participant's Signature | Participant's Name (please print clearly) | Date |
| | | |
| Parent/Legal Guardian or Representative Signature | Parent/Legal Guardian or Representative Name | Relationship |
| | | Date |