



Time: 8:00 a.m. - 3:00 p.m.
 Days: Wednesdays and/or Fridays
 Fee: \$25 - Volunteer Day
 \$30 - Non-volunteer day

2019 Club PIERCE Registration Form

Please select day(s)

Wednesdays – Meridian Habitat Park

Fridays – Lakewood Community Center

<i>Pre-register by August 23</i>			<i>Pre-register by Sept. 20</i>		
<input type="checkbox"/>	14259	Sept. 4 \$25	<input type="checkbox"/>	14263	Oct. 2 \$25
<input type="checkbox"/>	14284	Sept. 11 \$30	<input type="checkbox"/>	14288	Oct. 9 \$30
<input type="checkbox"/>	14261	Sept. 18 \$25	<input type="checkbox"/>	14265	Oct. 16 \$25
<input type="checkbox"/>	14286	Sept. 25 <u>\$30</u>	<input type="checkbox"/>	14290	Oct. 23 \$30
		<i>Total \$110</i>	<input type="checkbox"/>	14291	Oct. 30 <u>\$30</u>
			<i>Total \$140</i>		

<i>Pre-register by August 23</i>			<i>Pre-register by Sept. 20</i>		
<input type="checkbox"/>	14243	Sept. 6 \$30	<input type="checkbox"/>	14287	Oct. 4 \$25
<input type="checkbox"/>	14260	Sept. 13 \$25	<input type="checkbox"/>	14264	Oct. 11 \$30
<input type="checkbox"/>	14285	Sept. 20 \$30	<input type="checkbox"/>	14289	Oct. 18 \$25
<input type="checkbox"/>	14262	Sept. 27 <u>\$25</u>	<input type="checkbox"/>	14266	Oct. 25 <u>\$30</u>
		<i>Total \$110</i>	<i>Total \$110</i>		

<i>Pre-register by Oct. 18</i>			<i>Pre-register by Nov. 15</i>		
<input type="checkbox"/>	14293	Nov. 6 \$30	<input type="checkbox"/>	14270	Dec. 4 \$25
<input type="checkbox"/>	14268	Nov. 13 \$25	<input type="checkbox"/>	14297	Dec. 11 \$30
<input type="checkbox"/>	14295	Nov. 20 <u>\$30</u>	<input type="checkbox"/>	14272	Dec. 18 <u>\$25</u>
		<i>Total \$85</i>	<i>Total \$80</i>		

<i>Pre-register by Oct. 18</i>			<i>Pre-register by Nov. 15</i>		
<input type="checkbox"/>	14292	Nov. 1 \$30	<input type="checkbox"/>	14296	Dec. 6 \$30
<input type="checkbox"/>	14267	Nov. 8 \$25	<input type="checkbox"/>	14271	Dec. 13 \$25
<input type="checkbox"/>	14294	Nov. 15 \$30	<input type="checkbox"/>	14298	Dec. 20 \$30
<input type="checkbox"/>	14269	Nov. 22 <u>\$25</u>	<input type="checkbox"/>	14273	Dec. 27 <u>\$25</u>
		<i>Total \$110</i>	<i>Total \$110</i>		

Participants should bring a sack lunch.

Participant's Name _____ Date of Birth _____ Age _____ M / F

Parent/Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Day Phone _____ Email _____

Emergency Name and Day Phone (other than parent or guardian):

Is the participant taking medicine of any kind? Please list: _____ If participant requires medication, indicate time to be taken:
 _____ a.m. _____ p.m.

Diagnosis (laymen's terms): _____

Please list allergies (food and/or medications): _____

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(Check appropriate box)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the participant able to read independently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the participant able to write independently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the participant use any special equipment to ambulate (walker, wheelchair, crutches, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will the participant take and follow basic instructions or directions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can the participant ambulate for a distance of at least two city blocks without needing to stop? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the participant able to feed himself/herself without assistance? | <input type="checkbox"/> | <input type="checkbox"/> |

Club PIERCE will be out in the community the majority of the time and bathrooms will not always be immediately available.

- | | | |
|--|--------------------------|--------------------------|
| 7. Can the participant dress and change clothes without assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the participant able to identify and indicate that he/she needs to use the bathroom at least 15 minutes before it becomes an "emergency"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will the participant use the bathroom when instructed?
<i>For instance, if instructed will he/she use the bathroom prior to leaving the Lakewood Community Center?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Can the participant use the bathroom without assistance? | <input type="checkbox"/> | <input type="checkbox"/> |

Participants who answered No to questions 4-10 will need to be accompanied by a one-to-one assistant at Club PIERCE.

Name and phone number of 1-to-1 assistant if required:

- | | | |
|--|--------------------------|--------------------------|
| 11. Will the participant be receiving DSHS/DDA assistance?
<i>If yes, please list agency name, contact name and phone number:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Will the participant use Pierce Shuttle to transport him/her to and/or from Club Pierce? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are there any special precautions or life-threatening health concerns we will need to be aware of? | <input type="checkbox"/> | <input type="checkbox"/> |

Please attach additional information if needed.

OTHER INFORMATION:

Club PIERCE will primarily be held out in the community where noise, climate, sights and crowds can become overwhelming. If the participant becomes overwhelmed, what suggestions or strategies can you give to help calm and ensure that he/she is successful? *Please attach additional information if needed.*

CONSENT:

I give my consent to Pierce County Parks and Recreation to photograph my child and to use such pictures and or/stories in connection with the program activities. I hereby request that my child be permitted to attend the Recreation Program for individuals with special needs and authorize the director of the program to act for me according to his/her best judgement and ability in any emergency requiring medical care.

X

Signature (Parent or Legal Guardian)

Date
