



# 2012 Participant Application

*Therapeutic Recreation for People with Disabilities or Cancer*  
 6901 Goldenstein Lane • Bozeman, MT 59715  
 406-586-1781 FAX 406-586-5794  
 www.eaglemount.org

| FOR OFFICE USE ONLY |             | <input type="checkbox"/> DP |
|---------------------|-------------|-----------------------------|
| Group               | Day         | AM PM                       |
| Last Participated   | Application |                             |
| Medical Release     | Release     |                             |
| Equipment Rental    | Ski Release |                             |
| Contacted           |             |                             |
|                     |             |                             |

## PARTICIPANT INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex  M  F  
 Mailing Address \_\_\_\_\_  
Street Address City State Zip  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_  
 School/Group \_\_\_\_\_ Grade/Teacher \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ Shoe Size \_\_\_\_\_ Responsible party for Eagle Mount fees \_\_\_\_\_

## PARENT INFORMATION (FOR PARTICIPANTS UNDER 18)

Parents/Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street Address City State Zip  
 Mailing Address \_\_\_\_\_  
 Mother's Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_  
 Father's Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_  
 Mother's Employer \_\_\_\_\_ Father's Employer \_\_\_\_\_

## EMERGENCY INFORMATION

Please furnish the name of someone who can be contacted if parents are not available and Physician name with phone number.

|                |      |              |
|----------------|------|--------------|
| Name           |      | Relationship |
| Address        |      |              |
| Home Phone     | Work | Cell         |
| Physician Name |      | Phone        |

### Check program(s) you are interested in:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Skiing Program</b> | <input type="checkbox"/> <b>Aquatic Program</b>            | <input type="checkbox"/> <b>Horticulture</b>       |
| <input type="checkbox"/> Downhill              | <input type="checkbox"/> <b>Adventure Days</b>             | <input type="checkbox"/> <b>Ice Skating</b>        |
| <input type="checkbox"/> XC-Ski/Snowshoe       | <input type="checkbox"/> <b>Equine Program</b>             | <input type="checkbox"/> <b>EMBLEM</b>             |
| <input type="checkbox"/> Snowboarding          | <input type="checkbox"/> <b>Office/Special Events Help</b> | <input type="checkbox"/> <b>Saturday Night Out</b> |

List any sports or activities in which you previously or currently participated (other than Eagle Mount) \_\_\_\_\_

## PLEASE INDICATE PREFERRED CLASS DAYS AND TIMES WITH 1-3

(1= highest preference; 3= lowest preference – please realize some programs may have a set schedule and preference cannot apply)

|           |                   |          |                   |
|-----------|-------------------|----------|-------------------|
| Monday    | AM _____ PM _____ | Friday   | AM _____ PM _____ |
| Tuesday   | AM _____ PM _____ | Saturday | AM _____ PM _____ |
| Wednesday | AM _____ PM _____ | Sunday   | AM _____ PM _____ |
| Thursday  | AM _____ PM _____ |          |                   |

## EAGLE MOUNT BOZEMAN

- I agree to respect Eagle Mount- Bozeman participants', staff, and volunteers' rights with regard to privacy of information and to keep "professional" confidentiality in all my statements both within and outside of the organization.
- I understand that Eagle Mount- Bozeman staff members have the authority to exclude participants from the program for behavior they deem to be unsafe. Use of alcohol or illegal drugs is unsafe behavior.
- I give permission for the exchange and release of my medical and confidential information to professionals and staff.
- I give my consent to Eagle Mount Bozeman and its medical representative to obtain medical care from any licensed physician, hospital, or clinic, for any injury that could arise from participation in Eagle Mount Bozeman activities.

X \_\_\_\_\_  
 Signature of Participant/Guardian Date

**PLEASE COMPLETE OTHER SIDE**

**DISABILITY & MEDICAL INFORMATION:** Please fill out thoroughly and legibly —your application may be denied if this is not completed in full. We must have this information to provide a *SAFE PROGRAM*.

|  |
|--|
| Participant's Disability _____ Date of Onset _____   |
| Explain- Type/Level _____  |
| Secondary Disability? _____  |
| Wheelchair Use? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, % of time _____ If yes, it is: <input type="checkbox"/> Electric <input type="checkbox"/> Manual  |
| What aides, if any, are needed to walk? (walker, brace, cane, etc...) _____  |
| Subject to Seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Frequency _____<br>Date of most recent seizure: _____ Seizure medication(s) _____   |
| Current Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Type and purpose _____<br>_____  |
| Allergies to food or medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list _____   |
| Visual or hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____  |
| Communication style? <input type="checkbox"/> Verbal <input type="checkbox"/> Nonverbal <input type="checkbox"/> Other _____   |
| Are you currently receiving treatment or therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please explain _____<br>_____   |
| Any injuries, illnesses, surgeries or skin breakdown in the last year? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Please explain _____<br>_____   |
| Any body parts susceptible to cold, heat, impact? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Please explain _____<br>_____  |
| How does participant behave when upset or frustrated? History of physical aggression? _____<br>_____   |
| What are participant's motivators? _____<br>_____  |
| Any fears or concerns? _____<br>_____  |
| Please write one goal to be achieved while participating at Eagle Mount _____<br>_____   |
| Which of the following barriers restrict physical activity? Please check all that apply.<br><input type="checkbox"/> Lack of endurance <input type="checkbox"/> Lack of coordination <input type="checkbox"/> Lack of mobility <input type="checkbox"/> Lack of flexibility <input type="checkbox"/> Lack of strength<br><input type="checkbox"/> Low/high muscle tone <input type="checkbox"/> Muscle spasticity <input type="checkbox"/> Other _____ |

**THANK YOU FOR PARTICIPATING WITH EAGLE MOUNT**

**It is the responsibility of the participants, parents, and guardians to notify Eagle Mount if any of the above information changes during the year that the application is in effect. Eagle Mount reserves the right to require a physician, OT or PT examination if necessary.**

# Eagle Mount Bozeman Waiver & Release Form

In consideration of being allowed to participate in any way in Eagle Mount Bozeman programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise Eagle Mount-Bozeman of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Eagle Mount-Bozeman, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X \_\_\_\_\_  
Participant's Name (PLEASE PRINT CLEARLY)      Signature      Date

## FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_  
Parent's Signature & Emergency Phone      Name & Date (PLEASE PRINT CLEARLY)

## MEDIA RELEASE FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Eagle Mount-Bozeman to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this Eagle Mount event. I further agree that Eagle Mount-Bozeman may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X \_\_\_\_\_  
Signature of Participant/Guardian      Date