

SPECIAL CONNECTIONS OF GRUNDY COUNTY ANNUAL INFORMATION SHEET

SHORT FORM FOR RETURNING PARTICIPANTS

**GENERAL INFORMATION**

Participant Name: Age: T-shirt/Sweatshirt size:

Are you your own guardian: Yes No If no, please name guardian:

Guardian phone number:

Emergency Contact Name: Phone Number:

 Relationship to participant:

Have any there been any medical (seizures, allergies, dietary restrictions, etc.), daily living, communication or behavior changes in

this last year? Yes No

Please explain changes:

**MEDICAL INFORMATION**

Current Medications (Medication list may be attached.)

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| --- | --- | --- | --- |
| Name | Dosage | Frequency | Purpose |
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Does the participant self-medicate? Yes No

I understand that it is my responsibility to give the medication directly to the Special Connections of Grundy County staff with full instructions in individual dosage containers, clearly labeled envelopes or in original prescription bottles. In all cases, medication dispensing can only be changed or modified by amending this form. I hereby acknowledge that the above information regarding medication dispensing is accurate. I also understand that it is my responsibility to inform Special Connections if any changes in the dispensing of medication occurs. In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Special Connections to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to any participant. In consideration of Special Connections administering medication, I hereby fully release or discharge Special Connections and its officers, agents, employees and volunteers from any and all claims of injury, damages and losses that the participant may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend Special Connections, its officers, agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by the participant and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Parent/Guardian Signature Date

**PHOTO/VIDEO RELEASE**: Special Connections of Grundy County occasionally uses participant photos, videos, likeness and/or name in publicity or brochures related to Special Connections. Signing this form gives permission to Special Connections to do this through pictures and print via social media, e-mail, newsletters, newspaper, radio and other media. Please notify us in writing if you do not want your child/ward’s or your own photo, video, likeness and/or name used on our website or in brochures, print media, social media or promotional material related to Special Connections.

Participant/Guardian Signature Date

**TRANSPORTATION PERMISSION**: I give permission for Special Connections of Grundy County coaches or volunteers to provide transportation to, from and/or during activities, practices and competitions.

Participant/Guardian Signature Date

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in Special Connections of Grundy County programs/activities/transportation, you will expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Special Connections programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Special Connections of Grundy County, including its directors, officers, coaches, volunteers and employees.

I do hereby fully release and forever discharge Special Connections of Grundy County from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online, your online signature shall substitute for and have the same legal effect as an original form signature.

Participant/Guardian Signature Date