



YMCA of Greater Spartanburg

R I S E Program Registration

Applicant Name _____ Age ____ D-O-B _____

Male / Female Height _____ Weight _____

Address _____ City _____ Zip _____

E-Mail address for best contact _____

Application submitted by _____ Relation to applicant _____

Contact #1 & Phone _____

Contact #2 & Phone _____

We require two references (friend, teacher, relative, supervisor, etc) and if the applicant has a certificate from high school within the last three years, a teacher must be one.

Reference #1

Name _____ Relation to applicant _____

Address _____ City _____ Zip _____

Phone _____ E-Mail _____

Reference #2

Name _____ Relation to applicant _____

Address _____ City _____ Zip _____

Phone _____ E-Mail _____

Special Needs

Primary Diagnosis_____

Mild Moderate Severe Profound

Requires close (one on one) supervision YES NO

Interacts with others in a group setting YES NO

Verbal YES NO

Communicates needs to others YES NO

Swimming Ability Strong Needs assistance Non-Swimmer Must wear flotation

Drug Allergies_____

Food & Other Allergies_____

Seizures YES NO If YES, what kind_____

Seizure Frequency Daily Weekly Other_____

Provide instructions that will aid in caring for your family member if a seizure occurs:

LIFE SKILLS

Requires assistance at meal time YES NO

If YES, please describe_____

Requires assistance in getting dressed YES NO

If YES, please describe_____

Requires assistance with bathroom YES NO

If yes, please describe_____

Requires assistance with hands on projects YES NO

If YES, please describe_____

Requires assistance with sports and physical activities YES NO

If YES, please describe_____

Circle the activities the applicant will likely enjoy

Watching movies Listening to music Playing sports Playing games Crafts

Water & Pool Activities Hikes & Nature Walks Exercise classes Cooking

Continuing Education Classes Social Activities Using exercise equipment

List any other activities that the applicant enjoys_____

List any fears, obstacles, or anxieties that may interfere with RISE program participation

Does the applicant have outbursts or behaviors that may disrupt activities?

Does the applicant ever hurt him/her self or hurt others?

Does the applicant display aggression towards others or engage in self-inflicted injuries?

Does the applicant have a history of wandering away from supervision?

Is there any other information you would like to share about the occupant? _____

Is the applicant employed – if so – where? _____

Is the applicant receiving any other services – if so – from whom? _____



RISE Program Enrollment Agreements

Participant Name _____

1st Parent / Guardian _____ Phone _____ E-Mail _____

2nd Parent / Guardian _____ Phone _____ E-Mail _____

Other persons authorized to pick up your son / daughter or to call in an emergency

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

NOTE: Anyone NOT listed above will not be allowed to pick up your student

Enrollment Agreement – I understand that I am responsible to pay \$25/week for participation in the RISE program. Initials _____ Date _____

Release of Liability – In the event of an accident, I understand that the YMCA does not provide accident insurance, and I will not hold the YMCA responsible for any injury. Initials _____ Date _____

Transportation Release – I give consent for my son / daughter to be transported by YMCA staff in YMCA vehicles when necessary in the RISE Program. Initials _____ Date _____

Emergency Care Release – In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization. Initials _____ Date _____

Swimming Release – My son / daughter has my permission to swim during the RISE program, whether at the YMCA or at another pool. Initials _____ Date _____

Movies – My son / daughter has my permission to watch movies rated G and PG with the RISE program. Initials _____ Date _____

Photographs – I understand that my son / daughter may be photographed, videotaped, and/or interviewed for YMCA promotional material. Initials _____ Date _____

Please list all **Allergies** - _____

Family Physician _____ Phone _____

Address _____ City _____ Zip _____

Please list any additional information concerning physical, mental, and emotional health
that may be valuable to our YMCA staff _____
