| **University of Wisconsin – Eau Claire**  **P.R.I.D.E.4Adults Participant Information Form**  ***P****hysical activity and* ***R****ecreation for* ***I****ndividuals with* ***D****isabilities in the* ***E****au Claire area* | | | |
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| In order to safely participate in the P.R.I.D.E.4Adults program at UW-Eau Claire, please fully complete this form as accurately as possible. All information is deemed necessary to maximize safety and participation. All information will be kept confidential. Thank you for your assistance in this very important matter. | | | |
| Participant’s Name: | | | |
| Gender (M/F): | Age: | | Date of Birth: |
| Participant’s Address: | | | |
| Participant’s Phone: | | Participant’s Email: | |
| Parent(s)/Guardian(s) Name (if applicable): | | | |
| Parent(s)/Guardian(s) Address: | | | |
| Parent(s)/Guardian(s) Phone: | | Parent(s)/Guardian(s) Email: | |
| Relationship to Participant: | | | |
|  | | | |
| Physical activity currently involved in (describe): | | | |
| Anticipated goals for this program: | | | |
| Body movements that should be avoided (describe): | | | |
| Are you/Is the participant ambulatory? | | | |
| Do you/Does the participant use any assistive equipment for mobility, e.g., wheelchair, braces)? | | | |
| How do you/How does the participant communicate? (please describe) | | | |
| Do you/Does the participant have any allergies (yes/no)? | | | |
| If yes, please list: | | | |
| How are allergies controlled? | | | |
| Are you/Is the participant prone to seizures (yes/no)? | | | |
| If yes, type(s) of seizure and how long they usually occur: | | | |

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| **P.R.I.D.E.4Adults Participant Information Form Page 2** | |
| Please address the level of assistance needed in performing the following tasks using this key: (C = complete; I = independent; Mod = moderate; Min = minimum)  Using the bathroom:  Mobility to and from exercise equipment:  Mobility up and down stairs:  Comments: | |
| Do you/Does the participant have any behavioral issues (yes/no)? | |
| If so, how are these issues best dealt with? | |
| Do you have any ideas that may be helpful when interacting with you/the participant? | |
| Please add any other information that would be helpful to maximize safety and create a positive experience for you/the participant. | |
| Name of individual providing information: | |
| Phone: | Date Completed: |
| All sessions meet on Mondays and Wednesdays from **5:00 – 6:00 PM**: | |
| Thank you for your interest in the P.R.I.D.E.4Adults Program. Please return all forms in stamped envelope to:  Department of Kinesiology  Attn: Dr. Marquell Johnson  UW- Eau Claire  McPhee Physical Education Center, 221  Eau Claire, WI 54702 | |