



Participant Application

PARTICIPANT INFORMATION

Full Name: _____ Nickname (if any): _____
Today's Date: _____ Date of Birth: _____
Address: _____
City/State/Zip: _____
Email: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact: Name: _____ Phone Number: _____ Relationship to Participant: _____	Secondary Emergency Contact: Name: _____ Phone Number: _____ Relationship to Participant: _____
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AUTHORIZED PICK-UP PERSONS

Participant's Name: _____

Name: _____ | Phone: _____

Name: _____ | Phone: _____

Name: _____ | Phone: _____

Note: Any changes to pick-up information must be submitted in writing. In case of emergency, one-time phone authorization may be permitted. All authorized individuals must present a valid ID, which will be copied prior to the participant's release.



Participant Application

ABOUT ME

Participant's Name: _____

Personal interests and future activities I'd like to participate in:

Things I can do by myself:

MEDICAL INFORMATION

Primary Diagnosis: _____

Secondary Diagnosis: _____

Other Health Concerns: _____

Behavioral Concerns:

Allergies: _____

Medications: _____

Emergency Medical Policy: MySocialbility.com will call 911 if a participant requires emergency assistance or becomes non-responsive. We will also attempt to contact the emergency contacts listed above.

Initials: _____

Note: Completion of all medical and emergency information is required for attendance.

Initials: _____



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CONSENTS AND ACKNOWLEDGEMENTS

I, _____, a participant in MySocialbility.com programming, provide consent and acknowledgment for the following:

1. Use of Images

I authorize MySocialbility.com to collect and use my image (in print or electronic form) for program-related materials, marketing, and websites. No other personal information will be released without written consent.

Initials: _____

2. Confidentiality

I understand that all personal information I provide is confidential and will only be shared with emergency responders or healthcare professionals when necessary.

Initials: _____

3.. Rules of Conduct

I have received and read the Rules and Conduct policy, asked questions if needed, and agree to follow the rules and accept responsibility for my actions.

Initials: _____

4. Voluntary Participation

I understand that participation is voluntary and that I may be removed immediately from the program for the following reasons:

- Dangerous behavior toward self or others
- Ongoing refusal to participate in activities

Initials: _____



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5. Cell Phone and Device Usage

- Use of cell phones or other electronic devices is not permitted during program events or scheduled activities.
- Phones should remain silenced or turned off to minimize disruptions.
- In case of emergency, participants may request to use their phone with staff permission.

Initials: _____

6. Fees and Charges

- Participation in MySocialBility.com programs is billed at a rate of \$20 per hour per participant.
- Late pick-ups will incur an additional charge of \$10 for every 10 minutes past the scheduled pick-up time.
- Repeated late pick-ups may result in suspension or removal from the program.

Initials: _____

SIGNATURES

Participant Signature: _____ | Date: _____

Parent/Guardian Signature (if applicable): _____ | Date: _____