

Office Use Only
Date Received:



Children's Motor Development Program

Participant Information Update/Enrollment Form

To Parent/Legal Guardian: To participate in the Children's Motor Development Program at UW-La Crosse, please complete this form as accurately as possible. All information is necessary to maximize safety and will be kept confidential. Please use the back of the page if you need more space. Incomplete information may delay enrollment into the program.

Participant's name _____ Gender: M F

Age _____ Date of Birth _____

Parent/Guardian name _____ Relationship to Participant _____

Parent/Guardian address _____

Parent/Guardian phone _____

Parent/Guardian e-mail _____

Emergency contact (In case parent(s)/guardian(s) cannot be reached):

Name _____ Phone _____

Relationship to participant _____

Physician's name _____ Phone _____

Physician's address _____

Physical therapist _____ Phone _____

Occupational therapist _____ Phone _____

School _____ Phone _____

School Address _____

Classroom Teacher _____

Physical education teacher and/or Adapted Physical Education Teacher _____

Primary disability of participant

Secondary disability

Relevant medical concerns

Parts of body affected (describe) _____

Body movements that should be avoided (describe) _____

Is the participant ambulatory? _____

Does the participant use any braces, wheelchair or other special equipment? If so, what?

Medications Taken	What For	Side Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the participant have allergies? (**including latex**) YES NO If yes, please list _____

How are allergies controlled? [Click or tap here to enter text.](#) _____

Does the participant have seizures? YES NO If yes, type(s) of seizure and how long they usually last

How are the seizures controlled? _____

Controlled by medication? (please list) _____

How often do they occur? _____ Date of last seizure _____

Please answer the following with CA, MODA, MINA, or I.

CA = complete assistance

MINA = minimal assistance

MODA = moderate assistance

I = independent (can perform task alone with supervision)

Dressing in a locker room _____

Entering pool _____

Undressing in a locker room _____

Exiting Pool _____

Swimming in pool _____

Toileting _____

Walking upstairs _____

Walking Downstairs _____

Mobility in hallway _____

Comments _____

Verbal Nonverbal How does the participant communicate? (describe)

Physical activity currently involved in (describe) _____

Has the participant been swimming or involved in any structured swim lessons? _____

If so, where and when?

What is his/her swimming level? _____ Is the participant afraid of the water? _____

Does the participant need special equipment for swimming? (ear plugs, goggles, diapers, cap)?
(describe)

What kind(s) of motor activities, sports, and/or recreational activities does the participant like to engage in?

General Behavioral Characteristics (check those applicable)

- Self-stimulatory Withdrawn Self-abusive Amiable
 Generally calm Easily frustrated Aggressive
 Subject to physical outbursts

Briefly describe the participant's personality and behaviors: _____

Does the participant have any behavioral issues? YES NO If yes, please describe.

How are these issues best dealt with?

Briefly describe the participant's ability to interact with other children: _____

Do you have any ideas that may be helpful when interacting with your child? _____

On the backside of this page, please add any other important information that would be helpful to maximize safety and to create a positive experience for the participant.

If the participant has any significant medical conditions, please attach a copy of the most current, relevant medical report.

Name of individual providing information _____ Date _____

Phone _____ Email _____

Has the (prospective) participant previously been enrolled in this program? YES NO

If Yes, Years enrolled:

Means of transportation to the Program: _____

Center on Disability Health & Adapted Physical Activity
108 Mitchell Hall; 1725 State St
La Crosse, WI 54601
Office Phone: 608-785-8690
scoron@uwlax.edu



**Children's Motor Development Program
Emergency Release Form**

Name of Child (please print) _____

As legal guardian/parent, I give permission for the above-named individual to receive emergency medical care in case of injury that may occur during the Children's Motor Development Program. I agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-La Crosse, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from participation in the above-listed program.

Parent or Legal Guardian

Signature

Date

Should my child be involved in an emergency situation, s/he is to be taken to the:

_____ Emergency Room.

(Hospital/Clinic Name)

My family doctor is _____

If I cannot be reached, please contact:

Name _____ Phone _____

Address _____

Relationship to child _____

Center on Disability Health & Adapted Physical Activity
108 Mitchell Hall; 1725 State St
La Crosse, WI 54601
Office Phone: 608-785-8690
scoron@uwlax.edu



Photo and Video/Testimonial Release Form

Copy and reuse form as needed

I/We hereby confer upon the University of Wisconsin-La Crosse, the University of Wisconsin-La Crosse Alumni Association and the University of Wisconsin-La Crosse Foundation the unrestricted and irrevocable right and permission with respect to the photographs and/or video taken of me or my children or in which we may be included with others:

- a) To use, reuse, publish and republish the same intact or in part, separately or in conjunction with other photography, in any medium now and hereafter known, and for any purpose whatsoever (including illustration, promotions, advertising and trade) and;
b) To use my name and any testimonial I have provided to the university in connection therewith if UWL so decides.

I/We hereby release and discharge the photographer and/or videographer and the University of Wisconsin-La Crosse, the University of Wisconsin- La Crosse Alumni Association and the University of Wisconsin-La Crosse Foundation, from all and any claims and demands ensuing from on or in connection with the use of the photographs including any and all claims for libel and invasion of privacy.

I/We have read the foregoing and fully understand the contents hereof.

(Subject's name and signature) Phone Number (Date)

When securing releases from multiple subjects it is acceptable to use one release form signed by all relevant persons. You may use the back of this form for additional signatures.

PHOTOGRAPHY AND VIDEOGRAPHY RELEASE OF MINOR(S)

I have read the foregoing and fully understand the contents hereof. I represent that I am the (parent/guardian) of the below named subjects. I hereby consent to the foregoing on his/her behalf.

Name of Parent or Guardian Minor Name(s)

Click or tap here to enter text.

(Parent or Guardian Signature)

Address

City State Zip

Phone Email

(Witness Name and Signature) (Date)

For office use: Photo and Video/Testimonial used for
Photographer/Videographer