

Office use only:
 Date _____
 Initials _____

RECREATION SUPPORT SERVICES

REGISTRATION FORM

Return to:

RSS – Ithaca Youth Bureau 1 James L. Gibbs Drive – Ithaca NY 14850 or via email Kraymond@cityofithaca.org

Today's Date: _____

Participant Name: _____ Date of Birth: ____/____/____

Pronoun Choice: (please circle) he/him she/her they/them other _____

Address: _____ City: _____ Zip: _____

Parent/Guardian 1: _____ Email: _____

Phone: _____ Work/ Other phone _____

Parent/Guardian 2: _____ Email: _____

Phone: _____ Work/ Other phone _____

Emergency Contact: _____ Phone: _____ Relation: _____

Emergency Contact: _____ Phone: _____ Relation: _____

Physician's Name: _____ Phone: _____

Insurance Company: _____ ID#: _____

Primary Diagnosis of Disability: _____

Secondary Diagnosis of Disability: _____

Medications Taking: _____

Allergies Known: _____

Any Seizure Activity: _____

If yes, provide more information: _____

Does participant take any medications? (Please check) Yes _____ No _____

Does participant have any allergies? (Please check) Yes _____ No _____

Medication Name	Dosage	Time Taken
Allergy to:	Symptoms:	Steps RSS staff should take:

Is there any other pertinent information, medication side effects, medical concerns, behaviors, or goals we should know about? _____

Do you have OPWDD services? YES ___ NO ___ If YES, Tabs# _____

If YES, do you have Self-Directed services through OPWDD? YES ___ NO ___

PHOTO RELEASE FORM

Recreation Support Services often uses visual aids to promote awareness of our services in the community, workshops & for training sessions.

We need your permission to use _____
(RSS Participant's name)

photos and/or videotaped material for these purposes.

_____ I do give permission for RSS to use photos, videotaped material, & names.

_____ I do give permission for RSS to use photos & videotaped material **only**.

_____ I do not give permission for RSS to use photos, videotaped material, & names.

(Participant)

(Date)

(Legal Guardian)

(Date)

EMERGENCY RELEASE STATEMENT

If there is an emergency involving _____
(RSS Participant's name)

and I _____ his/her legal guardian cannot be reached, I give the Ithaca Youth Bureau Recreation Support Services staff permission to seek medical treatment. I understand that a copy of this will be given to RSS staff to be shown to any necessary medical personnel.

(Participant)

(Date)

(Legal Guardian)

(Date)

RELEASE OF INFORMATION AUTHORIZATION

I give permission to Recreation Support Services to request and obtain my most recent information including psychological reports, IEP, medical issues, and medication. This information can be obtained from my school, physician, or other related agencies in the community that I attend or am registered in.

(Participant)

(Date)

(Legal Guardian)

(Date)

RSS PARTICIPANT CODE OF CONDUCT

I have received, read, understand, and agree with the Recreation Support Services Participant Code of Conduct attached with this registration form. (SEE ATTACHED)

Guardian/Participant Signature: _____ Date: _____

All information received by RSS will be used in a professional manner.

All RSS staff will maintain the confidentiality of this information.

By signing this release of information authorization, I/we am/are indicating that I/we understand & agree to what it states above.

Ethnicity Information (please check one) optional:

<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> 2 or more races
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other

Municipality Information – please check one:

<input type="checkbox"/> Caroline	<input type="checkbox"/> Danby	<input type="checkbox"/> Enfield	<input type="checkbox"/> Village Cayuga Heights
<input type="checkbox"/> Town Dryden	<input type="checkbox"/> Village Dryden	<input type="checkbox"/> Freeville	<input type="checkbox"/> Unknown
<input type="checkbox"/> Town Groton	<input type="checkbox"/> Village Groton	<input type="checkbox"/> Newfield	<input type="checkbox"/> Out of County
<input type="checkbox"/> City Ithaca	<input type="checkbox"/> Town Ithaca	<input type="checkbox"/> Ulysses	
<input type="checkbox"/> Town Lansing	<input type="checkbox"/> Village Lansing	<input type="checkbox"/> Trumansburg	

Current School Attending (if applicable): _____ Grade _____

Teacher (if applicable): _____ School Phone # _____

Referred to RSS by: _____
(Name & Agency/School)

Are you connected with any related services listed below?

Please check any of the following that apply:

- OPWDD**
- Life Plan**
- Southern Tier Connect**
- Prime Care**
- Franziska Racker Center (FRC)**
- Unity House**
- Challenge Industries**
- J M Murray Center**
- Tompkins County Whole Health Services (TCWH)**
- Other:** _____

Agency: _____
 Contact Name: _____
 Phone number: _____
 Email: _____

Agency: _____
 Contact Name: _____
 Phone number: _____
 Email: _____

Agency: _____
 Contact Name: _____
 Phone number: _____
 Email: _____

Agency: _____
 Contact Name: _____
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 Email: _____



Ithaca Youth Bureau

1 James L. Gibbs Drive

Ithaca, New York 14850

Phone: (607) 273-8364

Fax: (607) 273-2817

"Building a foundation for a lifetime."



RECREATION SUPPORT SERVICES
PARTICIPANT CODE OF CONDUCT AGREEMENT

In order to provide safe and fulfilling experiences for participants in Recreation Support Services programs, we have created the following agreement for you to review and sign.

This agreement details expectations that are necessary for successful involvement in our programs. If a participant is unable to adhere to these, we reserve the right to ask him/her not to attend our program until he/she is able to comply with our standards.

RSS Expectations:

1. Respect personal space of all participants and staff.
2. Use appropriate language (no use of profanity, vulgar, or violent language).
3. Discuss appropriate subjects during program (avoid talking about things that make others uncomfortable)
4. Maintain hygiene as not to be offensive to others in your group.
5. Listen to and follow directions from RSS staff at all times
6. Ask a RSS staff if you need to leave the group for any reason and wait until a response is given.
7. Intake forms must be fully completed and approved by RSS staff prior to participation.

Are any of the above expectations difficult to achieve? If yes, which ones?

Can you tell us more about that? Can you tell us how to help you with that?

Do you need assistance with any of the following?

showering clean clothes deodorant tooth brush and toothpaste

In the event that RSS staff feel that a participant is causing and/or threatening any harm to him/herself or others, we will arrange for that person to be removed from the program and picked up by the caregiver or staff immediately. RSS staff will then contact the participant/family/caregiver within 48 hours to discuss when/if the participant will be able to return to RSS programs.

Thank you and we appreciate your cooperation.

Please sign below that you have read, understood and agree with all the above.

Parent/Guardian Signature _____ Date _____
 Participant Signature _____ Date _____

Please contact RSS Program Coordinator at 607-273-8364 ext. 2135
 with any concerns or questions.
 All of us at RSS look forward to seeing you in our recreation programs!

RECREATION SUPPORT SERVICES PARTICIPANT PROFILE

The following questionnaire is designed to gather information so that RSS may provide the best possible services for you.

Today's Date: _____

Participant's Name: _____

Preferred name/what you like to be called: _____

Phone Number: _____ Email: _____

School/Teacher/Support Agency/Support Staff: _____

Please Check As Many as Apply

Communication:

- Good
- Shy
- Limited Conversation
- Interpreter Needed
- Dominates Conversation
- Inappropriate Topics
- Other: (please explain)

Comprehension:

When given a one or two-step verbal direction, the person:

- Always understands
- Usually understands
- Sometimes understands
- Rarely understands
- Never understands
- Others: _____

Recreation Goals:

- Fitness
- Friendship
- Socialization
- Skills
- Other: (please explain)

Most Comfortable Setting:

Check all that apply

- Individual (1:1)
- Small Group (2 - 6 people)
- Large Group (7+ people)
- Comments:

General Concerns:

- Behavior
- Physical Limitations
- Allergies
- Sensitivities (noise, light fragrance, temperature)
- Fears (dogs, etc)
- Other: (please explain)

1. What are your expectations/goals of this program? Why do you want to participate in RSS programs?

2. Do you live with family, a roommate, independently or group community residence, or other?

3. Do you go to school or work or volunteer? When do you have free time for recreation programs?

4. What are your favorite activities that you like to do in your free time?

5. If you were to participate in RSS programs, do you have transportation? Would you need help getting transportation?

6. Do you have any behavioral, medical, safety, mobility, social, or other concerns we should be aware of?

7. Please check any of the following behavioral concerns that apply.
aggression biting hitting running away lack of personal space/boundaries profanity

Please provide any details. Are there strategies to mitigate these behaviors?

Please identify 3 MUST KNOW facts about you relating to: goals/skill development, communication techniques, behaviors to be aware of, how to alleviate challenging behaviors, what areas/situations cause distress, what calm down strategies have been effective, etc.

1. _____

2. _____

3. _____

Thank you and please return to:
 Recreation Support Services Dept. - Ithaca Youth Bureau
 1 James L. Gibbs Drive - Ithaca, NY 14850
 Or via email Kraymond@cityofithaca.org
 Any questions call 607-273-8364