



Dedication through special needs philanthropy.

ADAPTED FISHING PROGRAM PARTICIPANT INFORMATION

PARTICIPANT'S NAME: _____ AGE: _____

PARTICIPANT'S ADDRESS: _____

CONTACT NAME: _____ TELEPHONE: _____

DEVELOPMENTAL DISABILITY COUNTY OF REGISTRATION: _____

SPONSORING/REFERRAL AGENCY: _____

EMAIL ADDRESS TO RECEIVE OUR NEWSLETTER: _____

PARTICIPANT QUALIFYING DIAGNOSIS: _____

MEDICAL CONCERNS: _____

Has the participant ever had a convulsion, seizure, or fainting spell? yes no

Explain: _____

Is the participant on seizure medication? Yes No

Does the participant receive other medications? Yes No

Does the participant have a PICA diagnosis? Yes No

Does the participant have any behavioral concerns? Yes No

Explain: _____

Does the participant have bowel/bladder control? Yes No

Comments: _____

Does the participant have any allergies? Yes No

Explain: _____



ADAPTED FISHING PROGRAM PARTICIPANT INFORMATION (CONT.)

Participant's Name: _____

Is the participant ambulatory? Yes No

Does the participant require a wheelchair for mobility? Yes No

Does the participant require any adaptive equipment for daily living? Yes No

What is the participant's means of communication?

Verbal: Yes No

Sign Language: Yes No

Does the participant possess any Safety Awareness? Yes No With Guidance

Comments: _____

Is the participant Hearing or Vision Impaired? Yes No If answer yes, please comment on which: _____

Does the participant have Sensory Awareness – Tactile Stimulation (touch)?

a. allows contact with others/objects Yes No With Guidance

b. responds positively to contact with others/objects Yes No With Guidance

Ability to independently grasp and hold large objects? Yes No

Ability to independently grasp small objects? Yes No

Is there anything Special Day Foundation needs to know about the participant in order to make the Adapted Fishing or Boat Tour a **Special Day**? _____

Participation in Special Day Foundation's fishing program is voluntary. Each participant must be accompanied by an adult who is responsible for his or her care for the duration of the trip in order to participate. All safety instructions from the Captain or SDF staff must be followed at all times while on the boat/trip.

SIGNATURE OF PERSON COMPLETING FORM

PRINTED NAME

DATE

Special Day Foundation CONSENT TO RELEASE PHOTO/IMAGE

During the participation in any Special Day Foundation (SDF) programs or events, your (or your child's) image/photograph or work may be used in one of the following ways:

- Used in promotional materials for SDF programs and events
- Used in commercials, infomercials, or public-service announcements with SDF
- Used in printed publications, such as newspaper or newsletter with SDF
- Used for SDF website updates and testimonials

Your permission grants us approval to publicize without prior notification and remains in effect until revoked. This permission is for Special Day Foundation only, and cannot be used for any other purpose outside of Special Day Foundation, without consent.

Release Form

_____/I/We **DO** give permission for _____'s image/photograph or work to be used as described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

_____/I/We **DO NOT** give permission for _____'s
Child's full name
image/photograph or work to be used as described above.

Parent/Guardian Name _____

Please print clearly

Parent/Guardian Signature _____

Address _____

City, State, Zip Code _____

Phone Number _____ Date _____