



indian  
trails  
camp

# R.E.C. CONNECT

[RECREATION • EXPERIENCE • COMMUNITY]

## MEMBER PROFILE

Mail applications to:  
IKUS Life Enrichment Services/  
Indian Trails Camp  
0-1859 Lake Michigan Dr NW  
Grand Rapids, MI 49534  
Or Fax to: 1 (616) 677-2955  
Email: info@ikuslife.org

### PARTICIPANT INFORMATION

PARTICIPANT'S NAME (LAST): \_\_\_\_\_ (FIRST): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SEX:  Female  Male AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ MEDICAL DIAGNOSIS: \_\_\_\_\_

AFC INFORMATION: \_\_\_\_\_

EMERGENCY CONTACT (NAME): \_\_\_\_\_ (PHONE NUMBER): \_\_\_\_\_

HOW ARE THEY RELATED? \_\_\_\_\_

DOES PARTICIPANT RECEIVE OTHER IKUS SERVICES?  Yes  No

I HAVE REVIEWED THE PHOTO RELEASE ON PAGE 3: (SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

### HOBBIES/INTERESTS

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Board/Card Games | <input type="checkbox"/> Fishing            | <input type="checkbox"/> Playground Time    | <input type="checkbox"/> Swimming    |
| <input type="checkbox"/> Cooking          | <input type="checkbox"/> Group Activities   | <input type="checkbox"/> Sensory Activities | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Crafts           | <input type="checkbox"/> Music              | <input type="checkbox"/> Singing            | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dancing          | <input type="checkbox"/> Nature Exploration | <input type="checkbox"/> Sports             | <input type="checkbox"/> Other _____ |

### MEDICAL CONDITIONS/NEEDS

ARE THERE ANY MEDICAL CONDITIONS/NEEDS THAT WE SHOULD BE AWARE OF? \_\_\_\_\_

\_\_\_\_\_

IF USING A WHEELCHAIR, IS PARTICIPANT CAPABLE OF TRANSFERRING?  Yes  No WHEELCHAIR (type) \_\_\_\_\_

OTHER MOBILITY DEVICE? \_\_\_\_\_

ARE THERE ANY ALLERGIES OR INTOLERANCES THAT WE SHOULD BE AWARE OF? \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST SPECIFIC MEDICAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

OTHER HELPFUL INFORMATION: \_\_\_\_\_

\_\_\_\_\_



**SAFETY NEEDS:**

	Never	Rarely (Yearly)	Sometimes (Monthly)	Frequently (Weekly)	Daily	Additional Comments
Bad Language						
Food Stealing						
Inappropriate Touch						
Refusing To Move						
Self-Injurious Behavior						
Stealing						
Throwing Things						
Running Away						
Wandering						

**YOU CAN HELP ME BY:**

- Quiet space
- Offer me water
- Offer me choices
- Speak calmly and in a quiet voice
- Use fewer words
- Take a break inside
- Use a picture prompt or schedule
- Transitioning
- Provide deep pressure
- Provide sensory input (swings, jumping, running)
- Talk to me about why I'm upset
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**I COMMUNICATE BEST:**

- Non verbal
- Verbally
- Writing notes
- Using sign language
- Using gestures/pointing
- Using simple words
- Using simple signs
- Using body language and facial expressions
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**I COULD BECOME UPSET BECAUSE:**

- I am being told "NO"
- I feel that I am in a "NOT FAIR" situation
- I am being asked to wait
- I am afraid
- I am being asked to take turns
- I am trying to communicate and I am not being understood
- There is a change in my schedule
- I feel someone is "bossing me around"
- It is loud
- I am in a crowd
- I am asked to share
- I am hungry/thirsty
- I am homesick
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**I MAY NEED SOME HELP:**

**TOILETING**

- Independent
- Verbal direction
- Physical assistance
- Total assistance

**MOBILITY-PLEASE CHECK ALL THAT APPLY**

- Ambulatory
- Ambulatory with assistance
- Staff assistance
- Cane/Walker
- AFO (Type: \_\_\_\_\_)
- Uses wheelchair
- Manual
- Power

**Transfer assistance**

- Independent
- 1-person pivot
- 2-person
- Other \_\_\_\_\_

**OTHER**

Explain \_\_\_\_\_

**FORM COMPLETED BY:**

Form completed by: \_\_\_\_\_ Signature of participant: \_\_\_\_\_



## PHOTO RELEASE

I understand that IKUS Life Enrichment Services (IKUS) loves to take pictures of guests enjoying themselves during participation in activities, and that the photos are often used in marketing and promotional materials. IKUS has my permission to use any media of me or my child at camp for purposes of promoting or describing IKUS programs.

If you prefer that photos of you or your child not be used, please let us know in writing prior to participating in R.E.C. Connect.

