



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: maten@ikuslife.org



These programs and services are made possible with funding from the Community Mental Health of Ottawa County Mental Health Millage.

PARTICIPANT INFORMATION

PARTICIPANT'S NAME (LAST): _____ (FIRST): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: _____ CELL PHONE: _____ WHOSE NUMBER IS THIS? _____

EMAIL ADDRESS: _____

SEX: Female Male Other AGE: _____ BIRTHDATE: ____/____/____ MEDICAL DIAGNOSIS: _____

AFC INFORMATION (IF APPLICABLE): _____

EMERGENCY CONTACT (NAME): _____ (PHONE NUMBER): _____

HOW ARE THEY RELATED? _____

DOES PARTICIPANT RECEIVE OTHER IKUS SERVICES? Yes No IF YES, WHAT? _____

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"/> Pickleball | <input type="checkbox"/> Sensory Activities | <input type="checkbox"/> Frisbee Golf |
| <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? _____

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

PLEASE LIST SPECIFIC MEDICAL INSTRUCTIONS: _____

OTHER HELPFUL INFORMATION: _____

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.

DATE _____

MEMBER OR PARENT/LEGAL GUARDIAN _____



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						
Other _____						

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 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
- Can propel self? Y/N
- Power

Transfer assistance

- Independent
- 1-person pivot
- 2-person
- Other _____

OTHER

Explain _____

FORM COMPLETED BY:

Form completed by: _____ Signature of participant: _____

NOTE: Individuals needing support are required to have a person accompanying them.

Will participant attend independently or accompanied? Independently Accompanied



CONSENT TO MEDICAL TREATMENT FORM

CONSUMER INFORMATION

First: _____ Last: _____

Address: _____

City: _____ County: _____ State/Zip: _____

DOB: _____ Medications: _____

Allergies: _____

Preferred Hospital or Treatment Center: _____

Other Notes: _____

OTHER INFORMATION

Parent(s) _____ Guardian _____

Name: _____ Phone#: _____

Address: _____ City: _____ State/Zip: _____

Emergency Contact: _____

Relationship: _____

Phone #: _____ Alt Phone #: _____

I consent IKUS Life Enrichment Services to seek medical attention on my behalf for _____

DOB _____ for emergency/urgent incidents/situations if and when needed.

Parent/Guardian (Circle one)

Date

Witness

Date





Consent to Medical Treatment Form

Consumer Information

First: _____ Last: _____

Address: _____

City: _____ County: _____ State/Zip: _____

DOB: _____ Medications: _____

Allergies: _____

Preferred Hospital or Treatment Center: _____

Other Notes: _____

Other Information

Parent(s) _____ Guardian _____

Name: _____ Phone#: _____

Address: _____ City: _____ State/Zip: _____

Emergency Contact: _____

Relationship: _____

Phone#: _____ Alt Phone#: _____

Supports Coordinator Name: _____

Agency: _____ Phone #: _____

I consent IKUS Life Enrichment Services to seek medical attention on my behalf for
_____ DOB _____ for emergency/urgent
incidents/situations if and when needed.

Parent/Guardian (Circle one)

Date

Witness

Date



Phone: 616.677.5251
Fax: 616.677.2955

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COVID-19 Symptoms Monitoring & Procedure

For the safety and health of clients and staff, IKUS has implemented the following precautions for face-to-face services.

IKUS will complete a preliminary screening for symptoms of sickness when consumers and staff first encounter for service. Screening for symptoms will be ongoing during service delivery. Screening for symptoms such as but not limited to fever (100.4+), diarrhea, coughing, shortness of breath or difficulty with breathing, and vomiting or nausea. If an individual exhibits one or more of these symptoms, they will not be able to receive service from IKUS for that day, and up to 14 days following.

If an individual is receiving service and exhibits one or more symptoms, the person identified below as the contact person will be contacted to pick up the individual within an hour of the original contact.

While waiting to be picked up, the individual will be placed in isolation with a staff member monitoring them.

If the individual is not picked up within an hour, this could potentially jeopardize their intensity of service or placement with IKUS.

By signing below, I, a legal representative of _____, have reviewed, understand and agree to the above procedure.

Legal Representative Name (Print)

Legal Representative Signature

Date

Home Phone

Cell Phone

Email

Contact (Pick Up) Person Name

Relationship to Individual

Home Phone

Cell Phone

Email



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Assumption of Risk and Waiver of Liability Related to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. IKUS Life Enrichment Services/Indian Trails Camp (IKUS/ITC) has put in place preventable measures to reduce the risk of COVID-19; however, IKUS/ITC cannot guarantee that you will not become infected with COVID-19. Furthermore, receiving services may increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by receiving services; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while receiving services from IKUS/ITC may result from the actions, omissions, or negligence of myself and others, including, but not limited to IKUS/ITC employees, contractors, volunteers, program participants and their families.

____ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my receiving services from IKUS/ITC. On my behalf, I hereby release, covenant not to sue or discharge, and hold harmless IKUS/ITC, its employees, agents, and representatives, of any form of claim, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of IKUS/ITC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after receiving services from IKUS/ITC.

____ INITIALS I have adequate insurance to cover any injury or illness I may suffer or cause while receiving services or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this program, or else I am willing to assume –and bear the costs of– all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS In the event that I file a lawsuit, I agree to do so in Michigan where IKUS/ITC is located, and I further agree that the substantive law of Michigan shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 while receiving services, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I have read and understood this document and I agree to be bound by its terms.

____ INITIALS If I have signed a separate general waiver of liability connected with receiving services from IKUS/ITC, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS I agree to practice safe social distancing and clean, sanitary hygiene while receiving services from IKUS/ITC. A face covering shall be worn by participants, employees, visitors, volunteers, and guardians while receiving services, during transportation, and during all indoor programming; and outdoor programming when not able to socially distance.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____





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PARENT/GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18 and/or legally guarded individuals.)

In consideration of _____ (PRINT individual's name) being permitted to receive services, I further agree to indemnify, hold harmless and release from any claims alleging negligence which are brought by or on behalf of the named minor and/or guarded individual, in any way connected with receiving services by the named minor and/or the guarded individual.

Parent/Guardian Signature _____

Print Name _____

Date _____