

**IUP Special Needs Activity Program (SNAP)  
Registration Form**

**General Information**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parents/Guardians Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_  
Work Telephone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Person(s) and telephone number(s) of people to contact in case of emergency:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Medical Information**

**IUP does not provide medical insurance for participants. In the event of an illness or injury requiring medical services such as transportation, treatment, hospitalization, and/or surgery, the family's medical insurance must be used.**

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Physician: \_\_\_\_\_ Insurance Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Health History**

Primary Disability: \_\_\_\_\_  
Secondary Health  
Conditions/Concerns: \_\_\_\_\_

Currently using medication? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES please list.

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Allergies? YES \_\_\_\_\_ NO \_\_\_\_\_ List: \_\_\_\_\_

**Emotional/Behavioral/Communication:**

**Please describe any emotional or behavioral concerns. Include any relevant behavior management techniques along with any information pertaining to communication:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Informed Consent and Authorization for Medical Care**

I approve (participant's name) \_\_\_\_\_ to participate in the IUP Special Needs Activity Program. I certify that he/she is in good health and able to participate in program activities. Activities may include but are not limited to swimming, fitness activities, individual activities, and group activities. Every effort will be made to make SNAP a safe, fun, and enjoyable experience. With any type of physical activities, there are always risks such as muscular soreness, sprains, strains, and in rare cases other more serious medical problems.

If medical attention is required for illness or injury while attending SNAP, I give permission for treatment. I hereby consent to any and all health services necessary by program staff to refer my child for consultation to any licensed medical specialist or the Indiana Regional Medical Center's Emergency Room. I give authority and power to any such physician/surgeon to render any and all health services that may be deemed necessary or advisable. I authorize IUP program staff to accompany and sign permit forms required by medical staff. I understand in case of an accident or illness, every effort will be made to contact me (parent or guardian). I understand that I am responsible for any costs or care.

Finally, the information contained in these medical forms will be used solely for class and administrative purposes. The Director of the SNAP program will keep all forms in a secure location and confidentiality will be upheld.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**T-Shirt and Photo Release Information**

**Photo Release Form**

Occasionally, photographs and/or videotape footage of SNAP activities may be taken during the course of the semester. These photographs and/or videotape footage will be used for educational and promotional purposes related to the mission of the Department of Health and Physical Education at Indiana University of Pennsylvania.

I hereby consent to and authorize the use and reproduction by Indiana University of Pennsylvania, or anyone authorized by IUP, of any and all photographs and video tape that have been taken of me and/or my child(ren) this day for any purpose, without compensation to me. All negatives, together with prints, slides, digital images, and videotape, etc. are owned by Indiana University of Pennsylvania. Indiana University reserves the right to use these photographs in any of its print or electronic publications.

I hereby acknowledge that I have read and understood the terms of this release.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**T-Shirt Sizes:** (circle one)

Child:            6-8                    10-12                    14-16

Adult:            Small                    Medium                    Large                    XL                    XXL                    XXXL

Please return completed Registration Forms and \$45.00 Registration Fee or \$80.00 for siblings (cash or check made payable to IUP SNAP) and send to:

Dr. David Lorenzi, SNAP Director  
Department of Health and Physical Education  
Indiana University of Pennsylvania  
Zink Hall, Room 239  
1190 Maple Street  
Indiana, PA 15705-1073  
Questions: (724) 357-4415 or [David.Lorenzi@iup.edu](mailto:David.Lorenzi@iup.edu)  
Fax: (724) 357-3777

**OFFICE ONLY – DO NOT COMPLETE**

Reviewed By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Cash or Check #: \_\_\_\_\_