

***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 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 Kinesiology Health and Sport Science 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) – T-Shirts for Spring and Fall Only

Child: 6-8 10-12 14-16
Adult: Small Medium Large XL XXL XXXL

**Please return completed Registration Forms and Program Fee
(cash or check made payable to IUP SNAP):**

Send to:
Dr. David Lorenzi, SNAP Director
Department of Kinesiology Health &
Sport Science
Indiana University of Pennsylvania
Zink Hall, Room 239
1190 Maple Street
Indiana, PA 15705-1073
Fax: (724) 357-3777
Questions: (724) 357-4415 or
David.Lorenzi@iup.edu

SNAP Program Registration: (Select One)
Child SNAP (Saturdays 9am-11am)
_____ Fall: \$70.00 (7 sessions)
_____ Spring: \$70.00 (7 sessions)
Adult SNAP (Wednesdays 6pm-8pm)
_____ Fall: \$70.00 (7 sessions)
_____ Spring: \$70.00 (7 sessions)
Child SNAP (Wednesdays 6pm-8pm)
_____ Summer Session: \$40.00 (6 sessions)

OFFICE ONLY – DO NOT COMPLETE

Reviewed By: _____

Signature: _____

Date: _____

Amount Paid: _____

Cash or Check #: _____