



# TOWN OF MIAMI LAKES YOUTH CENTER

6075 Miami Lakes Dr., Miami Lakes, FL 33014

## PARTICIPANT APPLICATION for the DEWINC® W&MA Program

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Participant CODE (DPC): \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

### Participant Race (check one only):

American Indian  Asian  Black/African American  Pacific Islander  White  Other

Is Participant proficient communicating in English? \_\_\_\_\_ Other language(s): \_\_\_\_\_

### Parent or Guardian Contact Information:

Full Name (Parent/Guardian): \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel# \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Tel#: \_\_\_\_\_ Mobile Tel.#: \_\_\_\_\_

### Emergency Contacts

Participants will be released only to their custodial parents or legal guardians and the persons listed below. The following authorized people will also be contacted to remove the child from the facility in case of illness, accident or emergency if, for some reason, the custodial parents or legal guardian cannot be reached:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Participants must be picked up by the parent/guardian or authorized person. The DEWINC® Wellness & Martial Arts Program requires for participants to be picked-up on time at the end of class. Under no circumstances should an individual be picked up late from the program site. Participants are not allowed to stay unsupervised at any time after the program has concluded for the day. If you believe you will be arriving late to pick-up the student, it is your responsibility to coordinate an alternative pick-up and to contact the instructor or the site coordinator to advise them.



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### Medical Information:

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please, list any allergies, special medical needs or other areas of concern: \_\_\_\_\_

### What are the main ways the Participant communicates? (mark all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Speaks and is easily understood       | <input type="checkbox"/> Uses communication device(s)                     |
| <input type="checkbox"/> Speaks but is difficult to understand | <input type="checkbox"/> Uses gestures like pointing, pulling or blinking |
| <input type="checkbox"/> Uses sign language                    | <input type="checkbox"/> Uses sounds that are not words, like grunting    |

### What, if any, help does the Participant receive at this time? (mark all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Speech/Language Therapy                    | <input type="checkbox"/> Special Education services in school |
| <input type="checkbox"/> Occupational Therapy (OT)                  | <input type="checkbox"/> Behavioral Therapy or services       |
| <input type="checkbox"/> Physical Therapy (PT)                      | <input type="checkbox"/> Counseling for emotional concerns    |
| <input type="checkbox"/> Daily Medications (not including vitamins) | <input type="checkbox"/> NONE                                 |

### What conditions does the Participant have that are expected to last for a year or more? (mark all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Physical disability or impairment | <input type="checkbox"/> Developmental delay (only if under age 5)   |
| <input type="checkbox"/> Medical Condition or illness      | <input type="checkbox"/> Problems with learning (only if school age) |
| <input type="checkbox"/> Hearing impaired or deaf          | <input type="checkbox"/> Problems with attention or hyperactivity    |
| <input type="checkbox"/> Visual impairment or blind        | <input type="checkbox"/> Problems with depression or anxiety         |
| <input type="checkbox"/> Speech or Language condition      | <input type="checkbox"/> Problems with aggression or temper          |
| <input type="checkbox"/> Autism Spectrum Disorder          | <input type="checkbox"/> None of the above                           |

If you marked "None of the Above" on the question above, please skip the next two (2) questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for the Participant to do things that other Participants the same age can do? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Supporting Participants' success in the Program, please, tell us in what areas might he/she need extra assistance?

\_\_\_\_\_

Please tell us anything else you think it is important for us to know about the Participant? \_\_\_\_\_

\_\_\_\_\_



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## PARENTAL RELEASE and WAIVER of LIABILITY for Dojo of Exceptional Wellness, Inc. (DEWINC®)

By signing the application below, I agree I have read the following and certify the following:

- 1) **I acknowledge** that the application information and medical information I have provided above is true and complete to the best of my knowledge and ability. I understand that every effort will be made to reach me for instructions if the Participant should become ill or injured while on the W&MA Program site. If, in the judgment of the staff or a medical professional, delay in reaching me might jeopardize the Participant's well-being, I hereby authorize the staff or medical professional to secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery.
- 2) **I acknowledge** and I am aware of the risks and hazards connected with the program that participation by the Participant in the DEWINC® Wellness and Martial Arts (W&MA) Program. As these activities may carry some degree of risk to participant's physical and emotional health, and may include risks and hazards unknown to me or the participant.
- 3) **I understand** that part of the risk involved in undertaking any activity is relative to the participant's own state of fitness. **I acknowledge** that the participant has no physical condition that would prevent him/her from safely participating in these activities.
- 4) **I, for myself, for the participant** hereby release, hold harmless, relinquish, and waive Dojo of Exceptional Wellness, Inc. (DEWINC®), its officers, the Town of Miami Lakes, and all employees, officers, directors, agents, and volunteers associated with the program from all claims, demands, damages, actions, and cause of actions arising out of injuries, damages, or death sustained by the participant(s) resulting from participation in this out-of-school program.
- 5) **I further expressly agree** that this release and waiver of liability is intended to be as broad and as inclusive as the Laws of the State of Florida will allow, and that, in any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding the invalid portion, continue in full force and effect.
- 6) **I agree** to make every effort to insure that my child participates in the program as scheduled, unless he/she is too ill to attend and can validate this through communication and/or documentation.
- 7) **I understand that DEWINC® Wellness & Martial Arts (W&MA) Program follows strict client confidentiality policies.** DEWINC®'s W&MA will not release any confidential information to unauthorized persons. All records are kept in locked filing cabinets and access is granted only to direct care staff members. In addition, applicable HIPPA confidentiality laws are followed.
- 8) **I authorize** Miami-Dade Co. Public Schools to release school records information pertaining to grades, attendance and behavior referrals to an authorized person(s) acting on behalf of DEWINC®.
- 9) **I authorize DEWINC®** to release identifying information about the Participant, upon my prior notification, in order to access additional services and support for myself or my children.
- 10) **I consent** to allow the taking of photos or videos of my child and/or me during program activities. Photos/videos may reveal my child's and/or my identity without any compensation paid to my child, to me or to others. All photos and videos shall be the sole property of DEWINC® and may be used for educational and/or promotional purposes. And all recordings taken of you, your children or wards, shall be the property of DEWINC®. With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against DEWINC® their staff, service providers, employees, agents, affiliates and Board members.
- 11) **I give my permission** for this information about above named (*Participant*): \_\_\_\_\_ to be submitted to DEWINC® for program quality and evaluation purposes.
- 12) **I acknowledge that I have received and understand the "DEWINC® Guidebook" which includes a copy of:**

DEWINC® Wellness & Martial Arts welcome letter

DEWINC® Wellness & Martial Arts Program rules and regulations

DEWINC® Wellness & Martial Arts attendance policy

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

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