



SENIORS PROGRAM REGISTRATION FORM

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Last Name: _____ First: _____ Middle: _____

Social Security Number (must be verified by coordinator): _____ - _____ - _____

Address: _____ State: _____ City: _____

County: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Birth Date: ____/____/____ Age: _____ Sex (circle): M F

Ethnic Origin (Black/African American, Asian, White, American Indian, Hispanic/Latino, other): _____

In case of emergency, contact:

1. Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Physician: _____ Telephone: _____

Please list any medical condition(s) which may effect your participation: _____

Please list any regular medications: _____

INSURANCE INFORMATION

Do you carry any medical/hospital insurance? (circle one) Yes No

Carrier: _____ Policy or Group Number: _____

Hospital Preference in Little Rock (if any): _____

PARTICIPANT AUTHORIZATION/RELEASE

I _____ understand that I am to follow the rules and regulations set forth by Camp Aldersgate, Inc. that govern the program in which I participate.

In the event that I am unconscious and my emergency contacts cannot be reached, I hereby give permission to medical personnel selected by Camp Aldersgate, Inc. staff to order x-rays, routine tests and to secure proper treatment for me. I give permission to Camp Aldersgate, Inc. to arrange necessary related transportation for me.

I hereby release Camp Aldersgate, Inc., its board of directors, employees, volunteers, collaborating agencies, physicians, agents, independent contractors, and any and all parties of interest from all claims, demands, grievances and causes of action of every kind whatsoever, including, but not limited to, all which may arise from or out of any injury incurred by myself while in attendance at the camp. This includes any necessary transportation.

I grant full permission and authority to Camp Aldersgate, Inc., its collaborating agencies, and their representatives to photograph me and to use, publish, and release for publication such photos relating to the camp's programs. My name may be used in connection with the above, with the understanding that there is to be no exploitation and that any photographs so used should conform to standards of good taste.

This form may be photocopied for use outside of camp. My signature below indicates that I have read and agree with all the statements of the Participant Authorization/Release.

The Seniors Day Out Program is open to all persons without regard to race, color, creed, sex, national origin, and religious or political affiliation.

Signature: _____ Date: _____

Witness: _____ Date: _____

For office use only:

_____	Date original Client Intake Form completed
_____	Date Department of Human Services form 101 completed
_____	Date both forms sent to CareLink
_____	Payment Date
_____	Payment Method

**SENIORS DAY OUT
PARTICIPANT ELIGIBILITY AND DISCHARGE CRITERIA**

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Camp Aldersgate's Seniors Day Out program serves those individuals, ages 55 and over, who:

- Do not engage in aggressive and/or abusive behavior (this includes verbal or physical) towards themselves, fellow participants, or staff.
- Do not have medical conditions and/or physical limitations that would prohibit participation in most activities for a prolonged period of time or that put themselves or others at risk.
- Do not have conditions that require one-on-one assistance to function in Seniors Day Out surroundings/activities.*

*Current participants, as of 11/2006, requiring one-on-one assistance, will be responsible to provide a caregiver/support person who has agreed to remain with the participant for the duration of the program and to be responsible for the participant's care.

A caregiver/support person's responsibilities include:

- a) Getting the participant to and from the program safely.
- b) Assisting the participant in activities when needed.
- c) Assisting the participant to the restroom when needed.
- d) Assisting the participant at meal time when needed.

Signature: _____ Date: _____

Caregiver: _____ Date: _____

PROCEDURES FOR DISCONTINUING PROGRAM PARTICIPATION

Should a participant currently enrolled in a Camp Aldersgate program no longer meet eligibility requirements or at which time Camp Aldersgate can no longer guarantee the safety or medical well being of the individual or of fellow participants, the Program Coordinator, after consultation with the Director of Programs, and with concurrence from the Chief Executive Officer (CEO), will begin discharge procedures.

1. The Program Coordinator will meet with the participant and the participant's parent/guardian/advocate to discuss reasons, timeframe, and procedures for discharge.
2. If the participant/parent/guardian/advocate does not agree with the decision of the Program Coordinator, the participant/parent/guardian/advocate may request a review by the Camp's Discharge Review Committee. This request must be in writing and submitted within five (5) work days of the initial meeting with the Program Coordinator.
 - a. This committee will consist of the following individuals:
 - i. Director of Programs
 - ii. Two representatives of the Program Committee of the Camp Aldersgate Board of Directors
 - b. The participant, the parent/guardian of the participant, and in lieu of or in addition to a parent/guardian, an advocate to represent the participant, will have the opportunity to present information they feel is relevant.
 - c. The Program Coordinator will also present relevant information to the Committee.
 - d. The Committee may solicit medical and/or therapeutic input from the appropriate professionals.
 - e. The Discharge Review Committee will review all relevant information and make a recommendation to the CEO, who will render a final decision.
 - f. During the review process, the participant may be asked to abstain from involvement in the program.

I _____ have read, understand, and agree with the above stated policy.
(Name)

Signature: _____ Date: _____