

**2022 / 2023 The CARE Station Registration  
Individual Recreation Plan**

**Consumer's Name** \_\_\_\_\_ **Tele#** \_\_\_\_\_  
**(Please Print)** **Cell/Beeper#** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**I DO HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PROGRAM AT BLOOMFIELD RECREATION DEPARTMENT AND IN CASE OF AN ACCIDENT OR INJURY TO WAIVE ALL CLAIMS AGAINST THE SPONSORS OR ANY SUPERVISORS DESIGNED BY THEM.**

**PERMISSION TO PUBLISH:** In permitting the entrant to participate, I am specifically granting permission for you to use the name, likeness, voice and words of the entrant in television, radio, films, newspaper, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purpose and support such activities. I, the undersigned, have read and fully understand the provisions of the above release and have explained them, if applicable, to said entrant. I hereby agree that I and said entrant will be bound thereby.

\_\_\_\_\_  
**Parent's or Guardian's Signature**

**EMERGENCY MEDICAL AUTHORIZATION**

**In the event that I am unable to be reached by telephone, I do authorize:**

**NAME** \_\_\_\_\_ **TELE. #** \_\_\_\_\_

**To act on behalf, or if neither can be reached, do hereby grant permission to a licensed physician or hospital to perform diagnosis, treatment, and surgery on the aforesaid minor for any emergency illness or injury, as deemed necessary by such competent medical opinion.**

\_\_\_\_\_  
**Parent's or Guardian's Signature**

**If you have any questions, please call 725-4485.**

**PLEASE RETURN THIS FORM DIRECTLY TO:**

**Bloomfield Recreation Department  
84 Broad Street  
Bloomfield, NJ 07003 2001**



## **MISCELLANEOUS INFORMATION**

**NOTE TO ALL PARENTS:** Please pay close attention to this section. This information will be reviewed by the program director and any pertinent information will be passed along to the staff members responsible for your child's safety and well-being. This section is not designed to just find out any confidential information and does not just concern medical problems. Its purpose is to help make your child's experience as enjoyable and fun-filled as possible. Please fill out the comment areas as best as possible. The more we know about your child's likes, dislikes, what he/she is good at, etc., the more enjoyable program will be.

### **COMMENT AREA**

**Does your child have any fears (loud noise, etc.)? Can they go on trips outside of the program and can they ride a bus (45 minutes max.)? Any restrictions (physical ability - vision, climbing stairs, etc.)?**

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**Is your child involved in any behavior modification programs and if so how can we continue the program?**

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**Is your child toilet trained or currently being trained? Are they in diapers or pull-ups? Are there any key words we should know that are used at home to let us know your child has to go to the bathroom?**

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**ROUTINE MEDICAL ADMINISTRATION**

Consumer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b><u>Medication Name</u></b>	<b><u>Administration Time</u></b>	<b><u>Dosage</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If there are any side affects to the above-mentioned medications, please give details.**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

**NOTE: No medications will be administered at this program without prior written permission from both the parent and doctor, along with exact directions for administering the said medication.**

# QUESTIONNAIRE

**Consumer's Name:**

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**1. Please list any behavioral or management problems.**

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**2. Please describe any successful management techniques such as a token economy, behavior modification charts, contracts or time-outs that you have used with your child. (Please attach a copy of any charts that are relevant.)**

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**3. Does this child display any oppositional concern? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, please explain.** \_\_\_\_\_

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**4. Is the child impulsive? Yes \_\_\_\_\_ No \_\_\_\_\_**

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**5. Please describe the social relationships your child exhibits with his/her peers.**

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**6. What are the child's recreational strengths and weaknesses?**

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**7. Additional Comments:**

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**THANK YOU FOR YOUR HELP AND INFORMATION.**