



Activity Center Inc.

P.O. Box 302 Spring House, PA 19477

MEMBERSHIP APPLICATION

Date of Application: _____ / _____ / 2017

* Please inform Palooza Activity Center, Inc. of all Membership Application information changes or updates after initial form submission. Palooza will request an annual review/update.

MEMBER INFORMATION

Complete the following based on the MEMBER's personal information.

Name: _____

Home Address: _____

_____ DOB: ____/____/____ Age: _____ Gender: M / F

Email Address: _____

Primary Ph: _____ 2nd Ph: _____

INDEPENDENCE INFORMATION

Answer the following, with an explanation for a "NO" response. Is MEMBER independent with →

-> Eating/drinking? Y / N _____

-> Mobility? Y / N _____

-> Bathroom needs? Y / N _____

-> Verbal communication? Y / N _____

PLEASE CHECK IF: this member will attend Palooza Activity Center, Inc. with an aide/ companion/ supervisor provided by MEMBER's parent or guardian.

RESPONSIBLE PERSON INFORMATION Complete ALL information.

Parent/Guardian: _____

Address: _____

Relation to MEMBER: _____ Email Address: _____

Primary Ph: _____ 2nd Ph: _____

Responsible Person for Fees (if different from above): _____

Relation to MEMBER: _____ Email Address: _____

Address: _____

Primary Ph: _____ 2nd Ph: _____



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HEALTH INFORMATION

- * All medical information shared with PALOOZA will be maintained in strictest confidence.
- * PALOOZA Staff will not assist with, or administer medication.
- * PALOOZA Staff will not assist MEMBERS in the restroom unless accompanied by an additional person.
- * PALOOZA is NOT a nut free environment.

Health concerns we should know about, including medications MEMBER is taking:

Immunizations: This MEMBER's immunizations are up to date. **IF NOT**, please explain.

Allergies: Please include seasonal, food, medication, insect bites and other.

This MEMBER has NO allergies.

History of Seizures: Y / N Type of Seizure: _____

Last Seizure Date: _____ Describe seizure symptoms: _____

EMERGENCY CONTACTS: Please list 2.

NAME	PHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

HEALTH INSURANCE INFORMATION * Provide carrier, ID #, and name of policy holder

Primary: _____

Secondary: _____



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MEMBER BEHAVIOR INFORMATION

Palooza Activity Center, Inc. administers positive behavior support measures in order to be proactive in creating a comfortable and secure environment for all MEMBERS and Palooza Staff. In doing so, we would like to learn more about your MEMBER. Please complete the following section:

MEMBER Name: _____

Behavior concerns we should know about, including triggers and warning signs:

What is helpful to de-escalate the behavior?

Other information you want us to know?



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BEHAVIOR MANAGEMENT POLICY AND PROCEDURES

PALOOZA ACTIVITY CENTER, INC. BEHAVIOR MANAGEMENT POLICY

Palooza Activity Center, Inc. is a private, community based organization serving MEMBER adults with developmental disabilities. We endeavor to ensure an environment of safety, dignity, and respect for all persons and property in any and all of our host locations. Palooza expects all staff, volunteers, and MEMBERS to participate in Palooza sanctioned activities with appropriate and respectful behavior. In order to properly serve our MEMBERS in such an environment we do not tolerate or consent to the following behaviors that may prevent a person from full participation in Palooza Activity Center, Inc. and potentially cause physical or psychological pain, injury, or harm:

- Physical aggression or abuse of self, others, or property.
- Verbal aggression or abuse of self or others.
- Express foul language.
- Impede communication, mobility, or participation.
- Escape or attempt to escape the group or premises.

PALOOZA ACTIVITY CENTER, INC. BEHAVIOR MANAGEMENT PROCEDURES

Palooza’s response to reported incidents of behaviors, as described above, demonstrated by participating MEMBERS is as follows:

These actions will be taken and reported in writing, in order, when a Palooza Supervisor is made aware of an incident:

1. The Palooza Supervisor will IMMEDIATELY speak with the MEMBER and all parties involved in order to understand the nature of the incident, antecedents, and circumstances regarding the behavior and consequences.
2. If the Palooza Supervisor determines that the discussed behavior occurred, the following will transpire:
 - The parent/guardian will be contacted by phone with an incident explanation, and required to IMMEDIATELY pick up the MEMBER.
 - The MEMBER will be IMMEDIATELY escorted out of the group setting and closely supervised until the MEMBER and parent/guardian exit the building.
 - A meeting with the MEMBER, parent/guardian, and Palooza personnel will be scheduled to discuss future participation in Palooza functions.

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By signing this MEMBERSHIP APPLICATION, I attest that all above information is complete and correct, that I have read, understand, and agree to abide by the Behavior Policy and Procedures put forth by Palooza Activity Center, Inc., and that I agree and consent to release the health information to a health care provider in the event of an emergency. I further take responsibility for updating this information when necessary.

MEMBER Name: _____

MEMBER’s Signature: _____

Parent/Guardian’s Signature: _____

Date: _____



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PUBLICITY RELEASE

I grant Palooza Activity Center, Inc. permission to release and use my photograph in any official publication for Palooza Activity Center, Inc. Publicity pieces also include, but are not limited to, news releases, publications, videos, DVD's, and web use.

MEMBER Name: _____

MEMBER's Signature: _____

Parent/Guardian's Signature: _____

Date: _____

NOTE: If at a future date you wish to change your photograph release status, you must notify us in writing.

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LIABILITY WAIVER STATEMENT

I, (PRINT NAME) _____, as the responsible party for

(PRINT NAME) _____, give permission for him/her to participate in Palooza Activity Center, Inc. at any or all of our host locations.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENEANT NOT TO SUE Palooza Activity Center, Inc., administration, board, volunteers, staff, and any and all Palooza's host locations from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage or injury that may be sustained by me, or to any property belonging to me, while participating, or while on or upon the premises of the host location.

If any medical services are necessary in an emergency situation, I give permission for these services to be rendered.

I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this activity.

I HAVE READ THE LIABILITY WAIVER STATEMENT, FULLY UNDERSTAND ITS TERMS, AND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

RESPONSIBLE PARTY SIGNATURE

DATE