



Rock'n Our Disabilities

Special Needs Program Registration Form

"Creating and Enriching Community through People, Programs and Partnerships"

Participant Information

Participant's Last Name: _____ First: _____ Middle: _____

How did you hear about us?: _____

Birth date: _____/_____/_____ Current Age: _____ Sex: Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Main Phone Number: _____ Cell Phone Number: _____/email: _____

Medical Information

Please check items that apply, past, or present regarding the participant's health history:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Asberger's Syndrome | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Intellectual Disabilities |
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Behavioral/Emotional Disability | <input type="checkbox"/> Spinal Bifida |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Orthopedic Handicap |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hard of Hearing/Deaf | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heat Stroke/Exhaustion | <input type="checkbox"/> Other |

Please give detailed information for anything checked or list other medical issues or disabling conditions (use additional pages if necessary):

Is the participant on medication? No Yes _____

- Will the participant need to take medication during the hours of supervision by Rock'n Our Disabilities staff? No Yes

Please note that Recreation Staff will not hold on to medications nor administer medicine to a participant.

Parent / Guardian Information

Name: _____ Relationship to Participant: _____

Main Phone Number: _____ Cell Phone Number: _____

Participant Waiver and Release

I, the undersigned participant, parent or guardian, do agree to allow the named individual to participate in the Special Needs Program, including all trips and excursions and transportation to and from excursions. Additionally, I, the undersigned, fully understand that my or my child's participation in the RODF activity(ies), ("program") exposes me and/or my child to the risk of property damage, personal injury or death. I acknowledge my or my child's voluntary participation in this program and agree to assume any such risks. I release, discharge and agree not to sue the RODF Foundation, its officers, employees and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the program from whatever cause, including the active or passive negligence of the city, its officers, employees and agents or any other participants in the program. I understand that this document is not intended to release any party from any act or omission of "gross negligence," as that phrase is used in applicable case law and statutory provisions. In consideration for being granted permission to participate in the program, I agree, for myself, my child (if applicable), my/our heirs, administrators, executors and assigns that I will indemnify and hold harmless the RODF, its officers, employees and agents from any and all claims, demands, actions or suits arising out of or in connection with participation in the program. I give my permission to the RODF to obtain at my expense any emergency medical treatment deemed necessary in the RODF's sole discretion in case of sickness, accident or injury. I also understand that from time to time RODF representatives may photograph and videotape RODF recreation programs and participants. By signing this form, I authorize the RODF to use or publish any images taken by the RODF showing my or my child's participation. I have carefully read this consent, medical waiver, release, hold harmless and agreement not to sue and fully understand its contents. I am aware that this is a full release of all liability.

Print Name: _____ Signature: _____ Date: _____

ATHLETE REGISTRATION FORM



State RODF Sport Program Program: _____

Are you a new athlete to Rock'n Our Disabilities or Re-Registering? New Athlete Re-Registering

ATHLETE INFORMATION		
First Name:	Middle Name:	
Last Name:	Preferred Name:	
Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Race/Ethnicity (Optional):		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino (specific origin group: _____)	
Language(s) Spoken in Athlete's Home (Optional): Check all that apply		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list): _____		
Street Address:		
City:	State:	Postal Code:
Phone:	E-mail:	
Sports/Activities:		
Athlete Employer, if any (Optional):		
Does the athlete have the capacity to consent to medical treatment on his or her own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)		
Name:		
Relationship:		
<input type="checkbox"/> Same Contact Info as Athlete		
Street Address:		
City:	State:	Postal Code:
Phone:	E-mail:	
EMERGENCY CONTACT INFORMATION		
<input type="checkbox"/> Same as Parent/Guardian		
Name:		
Phone:	Relationship:	
PHYSICIAN & INSURANCE INFORMATION		
Physician Name:		
Physician Phone:		
Insurance Company:	Insurance Policy Number:	
Insurance Group Number:		

ATHLETE RELEASE FORM



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in RODF Sports Program activities.
2. **Likeness Release.** I give permission to RODF, RODF games organizing committees, and RODF to use my likeness, photo, video, name, voice, and words to promote RODF and raise funds for RODF.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Rock'n Our Disabilities to seek medical care on my behalf, unless I mark one of these boxes:
 I have a religious or other objection to receiving medical treatment. (Not common.)
 I do not consent to blood transfusions. (Not common.)
 (If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. **Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. **Personal Information.** I understand that Rock'n Our Disabilities will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Rock'n Our Disabilities ("personal information").
 - I agree and consent to RODF, Rock'n Our Disabilities:
 - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of RODF, Rock'n Our Disabilities participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - using my personal information and creating a profile of me for communications and marketing purposes, including direct digital marketing through email, SMS, social media, and other channels.
 - sharing my personal information with (i) researchers, business partners, public health agencies, and other organizations that are studying intellectual disabilities and the impact of Rock'n Our Disabilities activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Rock'n Our Disabilities events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.

Athlete Name:	E-mail:
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

ATHLETE LIKENESS RELEASE FOR SPONSORS (OPTIONAL)



Rock'n Our Disabilities relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Rock'n Our Disabilities. If you wish to allow your likeness to be used in this way, please read and sign below.

I agree to the following:

- I give permission to Rock'n Our Disabilities Foundation, Rock'n Our Disabilities Foundation games organizing committees, and their sponsors and partners to use my likeness, photo, video, name, voice, and words ("my likeness") to acknowledge the sponsors' and partners' support for Rock'n Our Disabilities Foundation.
- Rock'n Our Disabilities Foundation and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

Athlete Name:	E-mail:
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:



Location Address: 13558 Palm St, Hesperia, CA 92344
Mailing Address: 14631 Equestrian Crt, Victorville, CA 92394
Phone: 760-998-2241

August 2023

Families:

Rock'n Our Disabilities is a nonprofit organization providing services to you and your loved ones with special needs. Each year in order to reaffirm our commitment to safety and the dignity of personal space we continue to uphold an absolute policy of **NO Personal Displays of Affection between participants and a caution for participants to be careful when sharing contact info**. Additionally, we are now requiring parents who work with other participants besides their family members to have fingerprint and background checks.

Our commitment to provide program activities for families to enjoy recreation and education opportunities continues with a calendar of activities for each month. We continue to offer these activities free of charge except for some special event fees. Our staff are all part-time and several staff don't take full pay. We have expenses for certified instructors and other program expenses we do not charge our participants. We are only able to provide services through the generosity of our supporters and family donations.

Will you please help us meet our \$24,000 monthly expenses?

- **Donate \$50-75 per month commitment** – per family for any of our program activities that you wish to attend.
- **Become an Ambassador** – support us with a \$500 annual donation (your logo/name on our website).
- **Sponsor our events** – each event offers opportunities for sponsorships.
- **\$1 Coupon campaign** – help us and have your local business contacts do a fundraiser.
- **Spread the word** – tell others how we can make a difference in lives!

We maintain complete transparency on our fiscal responsibilities. Please feel free to schedule an appointment to review our financials with you. **Your support enables us to meet underfunded community needs** to families with special needs in innovative, effective ways. Donations will support health and wellness initiatives, socialization, and personal growth activities, expanded programs, and technology that will directly enhance the children and adults we serve.

Thank you in advance for helping us help you to improve the lives of individuals of all abilities in our community. If you have questions or would like more information, please contact me at rocknourdisabilities@gmail.com or at 760-998-2241.

Sincerely,


Dana Hernandez, CEO

_____/_____/_____
Parent/Guardian Signature I have read and agree Date

Rock'n Our Disabilities 501c3 EIN No: 82-4390205

Participant Name (please print)



CONFIDENTIAL

Intake Form *(Complete once a year)*

Participant Name:		Date:
Address:		
City:	Zip:	STATE:
Mobile Number:	Email Address:	
Driver's License No.		

I. FAMILY COMPOSITION - PLEASE ENTER THE REQUIRED INFORMATION FOR ALL FAMILY MEMBERS:

List all family members	Full Name	Birthdate EX:11/26/1972	Age	Relationship to Head of Household (Spouse, Child, Other etc.)
Head of Household				
Name Member 2				
Name Member 3				
Name Member 4				
Name Member 5				
Name Member 6				
Name Member 7				
Name Member 8				

II. EBT or BANK CARD Y_ N_ ESTIMATED ANNUAL INCOME: _____ HOMELESS

III. DISABILITY – PROOF COPY Y_ N_

IV. ETHNICITY ___Hispanic/Latino ___African American ___Asian ___Caucasian ___Other _____

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to make false or fraudulent statements knowingly and willingly to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Under the penalty of perjury, I certify that the above information is true and correct.

APPLICANT SIGNATURE

DATE



Location Address: 13558 Palm St, Hesperia, CA 92344
Mailing Address: 14631 Equestrian Crt, Victorville, CA 92394
Phone: 760-998-2241

March 2024

Our organization provides services to **families with special needs and disabilities- including siblings!** Rock'n Our Disabilities is a nonprofit, 501c(3) organization providing services to the High Desert community for entire families with special needs and disabilities.

RATE SCHEDULE

- FAMILY DONATION - For people paying out of pocket
\$50.00, 75, or \$100

- Learning Center Class - \$25.00 per class or \$125 per week

- Self-Determination - Spending plan amount is \$75.00 dollars a day
for Learning Center

- Self-Determination - Fee for Monthly activities \$100 a week