



### Inclusive Hoops Screening Intake Form

Participant's Full Name:			Date:
Date of Birth:	M	F	Referent:
Age:	Grade:		

Parent/Guardian(s) Name:	
Address:	
Email:	
Phone Number:	
Participant's Diagnosis:	
Inclusion Criteria (check all that apply)	Exclusion Criteria (check all that apply)
<input type="checkbox"/> Has challenges with teamwork and social skills <input type="checkbox"/> Participant and parent/guardian mostly fluent in English <input type="checkbox"/> Participant can function in a group independently or with 1:1 support	<input type="checkbox"/> Major mental illness (schizophrenic, bipolar) Specify: _____ <input type="checkbox"/> Physical disability (preventing outdoor play) Specify: _____ <input type="checkbox"/> Medical conditions (preventing participation) Specify: _____
Behavioural Problems (check all that apply)	
<input type="checkbox"/> Inappropriate social behaviour <input type="checkbox"/> Trouble following basic instructions even with support <input type="checkbox"/> Violence/aggression <input type="checkbox"/> Fire Setting <input type="checkbox"/> Stealing	<input type="checkbox"/> Severe property destruction <input type="checkbox"/> Argumentative/tantrums/disobeying <input type="checkbox"/> Parent/others afraid of child <input type="checkbox"/> Previously hospitalized for behaviour <input type="checkbox"/> Other (specify): _____
Important Notes/Comments:	



### Inclusive Hoops Registration Form

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

Name of parents/guardian(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

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I understand that by completing and signing the Inclusive Hoops Registration Form  
I agree to abide by the information as outlined below.

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#### **Services:**

I authorize and consent to have Inclusive Hoops provide my child an Applied Behaviour Analysis (ABA) based Basketball Training Group Program. I understand that the Inclusive Hoops group program is administered at no less than a 1:4 ratio. A minimum of 4 members are required to run the program. I understand that this program is provided under the supervision of a Board-Certified Behaviour Analyst (BCBA). The purpose of this program is to use principles of ABA to teach children skills such as team-work building, turn taking, group communication, basketball skills, and good sportsmanship.

#### **Payment for Services:**

I confirm and agree to the total cost of the program, calculated based on the hourly rate multiplied by the number of hours and the length of the program. Payment is due in full no later than one week prior to the start date. Alternatively, we offer monthly payment plans, with invoices sent on the first Sunday of each month for the upcoming month's charges. These invoices must be paid no later than the following week. I understand that this is a non-refundable payment as space has been allocated specifically to each learner participating in the program. I also understand that there are no refunds for missed or cancelled sessions. Inclusive Hoops is a group program that relies on the regular attendance of its participants. Therefore, because the program can only run with a minimum number of participants, refunds cannot be provided for sessions that are missed by a single participant. However, make-up sessions will be provided if *all* participants have missed the same date or if the program has cancelled a session due to circumstances outside of their control (e.g., inclement weather).

## **Potential Risks and Discomforts**

I understand that although Inclusive Hoops will do its best to prioritize safety and support within this program and minimize all possible risk, there may be some risks outside of the program's control. I understand and recognize potential risks associated with participation, including injuries, physical contact, emotional challenges, and burnout.

## **Confidentiality**

Inclusive Hoops understands the importance of confidentiality within our programs. We will ensure that information about you and your child is not shared with others unless provided with consent.

Inclusive Hoops will do its best to maintain your privacy and confidentiality and will enforce the rules of confidentiality for all members participating in this group, however, we cannot guarantee that other members of this group will uphold the rules of confidentiality.

## **Withdrawal:**

I understand that I may choose to withdraw from this program at any point. Refunds are not permitted for those who may choose to withdraw. Inclusive Hoops does not guarantee the success of this program; however, we are continuously open to helpful and constructive feedback throughout the duration of the program.

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## **Signatures:**

I agree that I have read and understood all information outlined above and consent to joining this program:

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### Entry Questionnaire

Please rate these questions on the corresponding scale:	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
My child can take turns during group/team activities and sports					
My child can wait more than 1 minute before it is their turn in a group/team activity					
My child can manage their emotions well when asked to share or take turns					
My child can ask others to share during a group/team activity					
My child listens to their peers' ideas and suggestions during a group/team					
My child can work with others to achieve a common goal					
My child can express their thoughts, opinions, and concerns to other peers during a group/team activity					
My child often contributes during group/team activities					
My child can listen and follow instructions to learn a new physical skill					
My child can observe, and replicate sports drills demonstrated by a coach or instructor					
My child can perform sports drills after a minimum 3 practice sessions					
My child can demonstrate simple basketball skills (e.g., dribbling, passing, shooting a basket)					
My child can cheer on their teammate during a group/team activity					
My child does not brag when they win something					
My child can manage their emotions when they lose something					
My child demonstrates good sportsmanship (e.g., following rules, being fair, respecting others) during a group/team activity					
My child can confidently communicate their thoughts and ideas to their peers in a group/team activity					
My child shows initiative in team/group activities					
My child can take leadership in organizing or completing a group activity					
My child shows enjoyment in participating in group/team activities					



## Inclusive Hoops Intake Package

Please fill in the required information and return before the start of the program.

Forms can be emailed to:

info@inclusivehoops.com

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### Participant's Information

Last name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Male or Female

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### Family Information

parent  guardian

#### Parent/Guardian 1:

Salutation:  Mr.  Mrs.  Ms.  Other

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Parent/Guardian 2:

Salutation:  Mr.  Mrs.  Ms.  Other

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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## Address and Billing Information

### Mailing Address Of:

family  parent 1  parent 2

Street: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### If Billing Address Is Different:

Person being billed: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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## Medical Information

Participant's Health Card Number: \_\_\_\_\_

Name of participant's Doctor: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

### Please check any of the following that apply to your child:

- |                                               |                                    |                                     |                                    |
|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input type="radio"/> frequent ear infections | <input type="radio"/> diabetes     | <input type="radio"/> epilepsy      | <input type="radio"/> bedwetting   |
| <input type="radio"/> asthma                  | <input type="radio"/> heart defect | <input type="radio"/> hyperactivity | <input type="radio"/> sleepwalking |
| <input type="radio"/> bleeding disorders      | <input type="radio"/> convulsions  | <input type="radio"/> hypertension  | <input type="radio"/> chicken pox  |

Has the participant had any operations recently?

Explain: \_\_\_\_\_

Does the participant have any physical challenges that would impact their ability to engage in physical sports?  Yes  No

Explain: \_\_\_\_\_

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Please provide a list of any prescription drugs the participant is currently taking and any instructions.

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**Allergies**

Does the parti have any allergies?

yes  
 No

If yes, please list them below:

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Please describe the symptoms the participant may exhibit should they have an allergic reaction.

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Are any of the allergies listed above life threatening?  yes  no

If yes, please list which ones:

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Does the participant carry an epi-pen?

\_\_yes \_\_no

If yes, where is the participant's epi-pen kept?

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### Emergency Contact Information

Please provide emergency contact information for people who may be contacted in the event that we cannot reach the participant's primary contacts (parents/guardians).

#### Emergency Contact 1:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

House Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### Emergency Contact 2:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

House Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



# Liability Waiver for Inclusive Hoops Basketball

I, \_\_\_\_\_ [Participant's Full Name], acknowledge that my participation in basketball activities involves inherent risks and potential for injury.

## Assumption of Risk:

I understand and accept the risks associated with playing basketball, including but not limited to sprains, strains, fractures, and other potential injuries.

## Health and Fitness:

I take full responsibility for my actions during basketball activities and will adhere to safety guidelines and instructions provided by the organizers.

## Release of Liability:

I hereby release, waive, discharge, and covenant not to sue Inclusive Hoops Basketball, its staff, volunteers, and any associated entities from all liabilities, claims, demands, actions, or causes of action, whether arising out of negligence or otherwise.

## Medical Treatment Authorization:

In the event of an injury or medical emergency, I authorize the organizers to obtain necessary medical treatment on my behalf.

I grant permission for the use of my likeness in photographs, videos, or other media for promotional and publicity purposes related to basketball activities.

## Parental/Guardian Consent (if participant is a minor):

As the parent/guardian of the minor participant, I hereby give my consent for their participation and agree to all terms outlined in this waiver.

## Acknowledgment of Understanding:

I acknowledge that I have read and fully understand the terms of this Liability Waiver for Basketball and willingly agree to its conditions.

Participant's Signature:

Participant's Signature	Date

Parent/Guardian Signature (if participant is a minor):

Parent / Legal Guardian Signature	Date