Fall _____ Spring _____ Current_____ New_____

UWO ADAPTED-PHYSICAL EDUCATION DEPT. OSHKOSH

AMDP

Adapted Motor Development Program

Est. 2022

Eligible Students Include: 2nd - 8th grade students with IEPs and/or 504 plans

If you have a KG or 1st grade participant eligible, please contact:
Korey Kleinhans at 262-424-5577 or koreykleinhans@hasd.org for further information

Please either mail or email completed forms to the following:

Hortonville Middle School
Attn: Korey Kleinhans
220 N. Warner St.
Hortonville, WI 54
Koreykleinhans@hasd.org

Participant Information and Enrollment Form

To parent or legal guardian: To participate in the Adapted Motor Development Program is offered for participants within the Fox Valley area and works in conjunction with the University of Wisconsin - Oshkosh Human Kinetics and Health Education department. That being said, please complete this form as accurately as possible. All information is necessary to maximize safety and will be kept confidential. Please use the back of the page if you need more space. Incomplete information may delay enrollment into the program.

Participant's name _____

Date of birth _____ Age _____

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Parent/guardian name _____ Relationship to participant_____

Parent/guardian address _____

Parent/guardian phone _____ Parent/guardian email _____

Emergency contact (In case parents(s)/guardian(s) cannot be reached)

Name _____ Relationship to participant _____

Phone Number: _____Secondary Number: _____

In the event of a major emergency where no one can be reach please contact

Hospital or medical care facility name _____

Hospital or medical care facility phone number _____

Hospital or medical care facility address _____

Physician's name _____ Phone _____

School and Health Information

School _____ Phone _____

Classroom teacher _____

Physical education and/or adapted physical education teacher _____

Primary disability of participant _____

Secondary disability _____

My child is able to use the bathroom on their own without assistance:

YES NO (CIRCLE ONE)

We do not toilet students within the program as a liability to our UW-Oshkosh students and staff – if your child has an accident we will do our best to help them remain calm and will call parent/guardians for assistance)

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Explain:_____

Parts of the body affected and movements that should be avoided (describe).

_____

_____

_____

_____

Is the participant ambulatory? _____

Does the participant use any assistive equipment (braces, chair, technology)? If so, what?

_____

_____

_____

_____

_____

_____

Describe any relevant medications and their side effects we may need to be aware of.

_____

_____

_____

_____

_____

_____

_____

Does the participant have allergies (including latex)? Yes or no (circle one). If yes, please describe.

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_____

_____

_____

Does the participant have seizures? Yes or no (circle one). If yes, please list the type and how long they usually last.

_____

_____

_____

How often do they occur? _____ Date of last seizure _____

Please comment on the participants ability to walk upstairs, in the hallway and around the gym.

_____

_____

_____

Please comment on the preferred communication methods of the participant.

_____

_____

_____

What kinds of motor activities, sports, and/or recreational activities does the participant like to engage in?

_____

_____

_____

Please describe the participant's personality and behaviors.

_____

_____

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_____

Are there any behavior issues? If so, how are these issues dealt with?

_____

_____

_____

Please describe the participants' ability to interact with other children.

_____

_____

_____

Please add any additional important information that would be helpful to maximize the safety and to create a positive experience for the participant. If the participant has any significant medical conditions, please attach a copy of the most current, relevant medical report.

Name of person providing information _____ Date_____

Phone _____ Email _____

Means of transportation to the program _____

**I acknowledge if my child is unable to participate and/or will be absent from class that I will contact Korey Kleinhans: 262-424-5577 or Dr. Christopher Stratton strattonc@uwosh.edu at least 1-hour prior to the class starting (NO LATER THAN 4:30pm). If I am more than 10-minutes late (7:10pm) to pick up my participant from class, this will result in a termination from the program and placed on our waiting list for the following semester.

Parent/Guardian Signature _____ Date: _____

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UW Oshkosh Photography and Video Release

On (insert date) _____ I, the undersigned do hereby assign the University of Wisconsin Oshkosh absolutely, the copyright and/or the right to the copyright photographs and/or video tapes of me and the right of reproduction thereof, either wholly or in part, and the unrestricted use thereof in whatever manner the University or its licensees or assignees may in their absolute distraction think fit for all and any advertising or other purposes whatsoever, including the right of necessary retouching, and tinting or work up for reproduction purposes.

Signed: _____

Name (print): _____

Email: _____

Date: _____

Signature of Parent or Guardian (minors only) _____

Date: _____

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HUMAN KINETICS & HEALTH EDUCATION DEPARTMENT

PARTICIPATION WAIVER

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND IF I WISH TO DISCUSS ANY OF THE ITEMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE OFFICE OF UW OSHKOSH ADAPTED PHYSICAL EDUCATION PROGRAM COORDINATOR AT 920-915-4085.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks, which are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the University has advised me to seek the advice of my physician before participating in all physical activity programming

I understand that UW-Oshkosh has advised me to seek the advice of my physician before participating in all activities. I acknowledge that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by UW-Oshkosh, the Board of Regents of the University of Wisconsin System, or the State of Wisconsin (collectively, the "Releases"). I am responsible for my actions as well as providing proper insurance. I understand that neither UW-Oshkosh nor the Human Kinetics & Health Education Department representative are responsible for the safety of personal items, nor does it provide insurance. **I know, understand, and appreciate the risks that are inherent in all programming being provided. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Hold Harmless, Indemnity and Release:
In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns**,** agree to defend, hold harmless, indemnify and release the Releasees and their officers, employees, agents, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Releasees, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue**.

Consent for Emergency Treatment:
I authorize UW-OSHKOSH and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES THE UNIVERSITY FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ADAPTED MOTOR DEVELOPMENT PROGRAM.

PRINT NAME (participant) _____

SIGNATURE (parent/guardian signature if under 18)_____DATE:_____