



DORAL LEGACY PARK COMMUNITY CENTER

Dojo of
Exceptional
Wellness, Inc. (DEW)

PARTICIPANT APPLICATION for the DEW Wellness & Martial Arts Program

Full Name: _____

Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

DEW Participant CODE (DPC): _____

D.O.B.: _____ Age: _____ Gender: MALE: _____ FEMALE: _____

Participant Race (check one only):

American Indian Asian Black/African American Pacific Islander White Other

Is Participant proficient communicating in English? _____ Other language(s): _____

Parent or Guardian Contact Information:

Full Name (Parent/Guardian): _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Home Tel#: _____ E-mail: _____

Work Tel#: _____ Mobile Tel.#: _____

Emergency Contacts

Participants will be released only to their custodial parents or legal guardians and the persons listed below. The following authorized people will also be contacted to remove the child from the facility in case of illness, accident or emergency if, for some reason, the custodial parents or legal guardian cannot be reached:

Name: _____ Relation: _____ Tel.#: _____

Name: _____ Relation: _____ Tel.#: _____

Name: _____ Relation: _____ Tel.#: _____

Participants must be picked up by the parent/guardian or authorized person. The **DEW** Wellness & Martial Arts Program requires for participants to be picked-up on time at the end of class. Under no circumstances should an individual be picked up late from the program site. Participants are not allowed to stay unsupervised at any time after the program has concluded for the day. If you believe you will be arriving late to pick-up the student, it is your responsibility to coordinate an alternative pick-up and to contact the instructor or the site coordinator to advise them.



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Medical Information:

Doctor: _____ Telephone: _____

Please, list any allergies, special medical needs or other areas of concern: _____

What are the main ways the Participant communicates? (mark all that apply)

<input type="checkbox"/> Speaks and is easily understood	<input type="checkbox"/> Uses communication device(s)
<input type="checkbox"/> Speaks but is difficult to understand	<input type="checkbox"/> Uses gestures like pointing, pulling or blinking
<input type="checkbox"/> Uses sign language	<input type="checkbox"/> Uses sounds that are not words, like grunting

What, if any, help does the Participant receive at this time? (mark all that apply)

<input type="checkbox"/> Speech/Language Therapy	<input type="checkbox"/> Special Education services in school
<input type="checkbox"/> Occupational Therapy (OT)	<input type="checkbox"/> Behavioral Therapy or services
<input type="checkbox"/> Physical Therapy (PT)	<input type="checkbox"/> Counseling for emotional concerns
<input type="checkbox"/> Daily Medications (not including vitamins)	<input type="checkbox"/> NONE

What conditions does the Participant have that are expected to last for a year or more? (mark all that apply)

<input type="checkbox"/> Physical disability or impairment	<input type="checkbox"/> Developmental delay (only if under age 5)
<input type="checkbox"/> Medical Condition or illness	<input type="checkbox"/> Problems with learning (only if school age)
<input type="checkbox"/> Hearing impaired or deaf	<input type="checkbox"/> Problems with attention or hyperactivity
<input type="checkbox"/> Visual impairment or blind	<input type="checkbox"/> Problems with depression or anxiety
<input type="checkbox"/> Speech or Language condition	<input type="checkbox"/> Problems with aggression or temper
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> None of the above

If you marked "None of the Above" on the question above, please skip the next two (2) questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for the Participant to do things that other Participants the same age can do? YES: _____ NO: _____

Supporting Participants' success in the Program, please, tell us in what areas might he/she need extra assistance?

Please tell us anything else you think it is important for us to know about the Participant? _____



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PARENTAL RELEASE and WAIVER of LIABILITY for Dojo of Exceptional Wellness, Inc. (DEW)

By signing the application below, I agree I have read the following and certify the following:

- 1) **I acknowledge** that the application information and medical information I have provided above is true and complete to the best of my knowledge and ability. I understand that every effort will be made to reach me for instructions if the Participant should become ill or injured while on the site or on a field trip. If, in the judgment of the staff or a medical professional, delay in reaching me might jeopardize the Participant's well-being, I hereby authorize the staff or medical professional to secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery.
- 2) **I acknowledge** and I am aware of the risks and hazards connected with the program that participation by the Participant in the **DEW** Wellness and Martial Arts Program. As these activities may carry some degree of risk to participant's physical and emotional health, and may include risks and hazards unknown to me or the participant.
- 3) **I understand** that part of the risk involved in undertaking any activity is relative to the participant's own state of fitness. **I acknowledge** that the participant has no physical condition that would prevent him/her from safely participating in these activities.
- 4) **I, for myself, for the participant** hereby release, hold harmless, relinquish, and waive Dojo of Exceptional Wellness, Inc. (**DEW**), KREATIVE Kids Therapy, and all employees, officers, directors, agents, and volunteers associated with the program from all claims, demands, damages, actions, and cause of actions arising out of injuries, damages, or death sustained by the participant(s) resulting from participation in this out-of-school program.
- 5) **I further expressly agree** that this release and waiver of liability is intended to be as broad and as inclusive as the Laws of the State of Florida will allow, and that, in any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding the invalid portion, continue in full force and effect.
- 6) **I agree** to make every effort to insure that my child participates in the program as scheduled, unless he/she is too ill to attend and can validate this through documentation.
- 7) **I understand that DEW Wellness & Martial Arts Program (DEW W&MA) follows strict client confidentiality policies.** **DEW W&MA** will not release any confidential information to unauthorized persons. All records are kept in locked filing cabinets and access is granted only to direct care staff members. In addition, applicable HIPPA confidentiality laws are followed.
- 8) **I authorize** Miami-Dade Co. Public Schools to release school records information pertaining to grades, attendance and behavior referrals to an authorized person(s) acting on behalf of **DEW W&MA**.
- 9) **I authorize DEW W&MA** to release identifying information about the Participant, upon my prior notification, in order to access additional services and support for myself or my children.
- 10) **I consent** to allow the taking of photos or videos of my child and/or me during program activities. Photos/videos may reveal my child's and/or my identity without any compensation paid to my child, to me or to others. All photos and videos shall be the sole property of **DEW** and may be used for educational and/or promotional purposes. And all recordings taken of you, your children or wards, shall be the property of **DEW**. With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against **DEW** their staff, service providers, employees, agents, affiliates and Board members.
- 11) **I give my permission** for this information about above named (*Participant*): _____ to be submitted to the **DEW W&MA** Program for program quality and evaluation purposes.
- 12) **I acknowledge that I have received and understand the "DEW Guidebook" which includes a copy of:**

DEW Wellness & Martial Arts welcome letter

DEW Wellness & Martial Arts Program rules and regulations

DEW Wellness & Martial Arts attendance policy

Date: _____

Authorized Signature: _____

Exhibit D

Participant Name: _____

Program: _____

Session/Age Group: _____

Registration Date: _____

CITY OF DORAL
WAIVER AND RELEASE OF LIABILITY/MEDICAL TREATMENT CONSENT

TO THE CITY OF DORAL: in consideration of the opportunity afforded to me or my minor child/ward to participate in the activity described in the Registration Form at:

Morgan Levy Park, 5300 NW 102nd Avenue / Doral Meadow Park, 11555 NW 58th Street &
Doral Central Park 3000 NW 87th Avenue / Doral Legacy Park 11400 NW 82nd Street
(Name and Address of Facility)

I, the undersigned, on behalf of myself or my child/ward named above on this form, do freely agree to make the following contractual representations and agreements.

I, on behalf of myself or my child/ward named above on this form, acknowledge and understand that participation in the activity involves the risk of serious injury, including permanent disability and/or death and severe social and economic losses.

I, on behalf of myself or my child/ward named above on this form, do hereby knowingly, freely, and voluntarily assume all liability for any damage or injury which may occur as a result of me or my child/ward's participation in such activity and will indemnify and hold harmless from any and all liability to release, waive, discharge, and covenant not to sue the City of Doral, its officers, agents, employees, and volunteers from any and all liability or claims which may be sustained by me, my minor child/ward, or a third party directly or indirectly in conjunction with, or arising out of participation in the activity described herein, whether caused in whole or in part by the negligence of the City of Doral or otherwise.

I, on behalf of myself or my child/ward named above on this form, grant permission to transport the participant to and from events, activities, programs, etc. when required and hold harmless those who transport.

I, on behalf of myself or my child/ward named above on this form, also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment and agree for immediate first aid to injured person when deemed necessary.

PHOTO RELEASE

I give permission for any photograph, video tape, or any other form of audio visual record of myself or my child's participation with the City of Doral Parks and Recreation Department to be used by the City of Doral for publicity purposes.

I, on behalf of myself or my child/ward, have read the above provision, fully understand its terms, and understand that I, on behalf of myself or my child/ward, have given up substantial rights by signing this waiver and I acknowledge that I signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and I agree that, if any portion of this Registration Form is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Name of Parent/Guardian: _____ Date: _____

Signature (Parent/Guardian if participant is a Minor): _____