



FOCUS Adult Day Program Interest Form

Participant and Guardian Information

Participant Name

DOB

Disability

Address

City

Zip

Phone

Email

Legal Guardian

Legal Guardian
Phone Number

Availability and Interest

I am interested in the following day(s) of FOCUS:

Day

Anticipated Start Date

☐

Mondays

☐

Tuesdays

☐

Wednesdays

☐

Thursdays

What days are you unavailable?

☐

Mondays

☐

Tuesdays

☐

Wednesdays

☐

Thursdays

Can participant do activities with 1 staff to 4 participants support?

☐

Yes

☐

No

Does participant have personal care support needs? (i.e. bathrooming assistance, feeding assistance, changing assistance, mobility assistance, etc)

☐

Yes

☐

No

How did you hear about FOCUS?

By signing this interest form, I acknowledge that I will be placed on a FOCUS interest list. This is not a registration form for FOCUS. HISRA will reach out to the guardian to schedule an assessment and a trial visit to FOCUS for the participant should there be an opening in the FOCUS program. As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Heart of Illinois Special Recreation Association and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation in the program. I further understand and agree that the terms such as "participating," "programs," and "activities," referred to in the Agreement, include all exercises and physical movements of any nature while I am participating in these programs, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to the use of the services, facilities, or premises involved in these programs, and transportation to and from any events. I authorize HISRA staff to dispense prescribed medications in their original container or accompanied by a copy of a signed prescription to me/my child. I understand the nature of these programs for which I am registering and fully understand this Waiver, Release, and Hold Harmless Agreement. I further understand that any advisements or warnings or the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement. Additionally, in order that the Heart of Illinois Special Recreation Association may better serve the interests of myself/my child, I hereby grant permission for the Special Recreation staff to access relevant education and/or medical records. I hereby consent to the use of my/my child's photography in the Heart of Illinois SRA brochures, publications, or promotional needs.

Signature of Legal Guardian