



FRIENDSHIP • SUPPORT • COMMUNITY

Registration Form

Date: _____

Program Name (if applicable): _____

Participant's Name: _____ Birthdate: _____

Participant's Address: _____

City _____ Postal Code _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Gender (Optional): Female Male Undisclosed Other: _____

What are your preferred pronouns (optional)? (Example: she/her, he/him, they/them).

Do you wish to disclose any specific cultural or ethnic background to us (optional)?

Do you speak any languages other than English? If yes, please elaborate:

Are there any Allergies or Medications that are important for us to know? (Please list all):

Do you have an infectious disease that could impact others at Lifetime Networks?

Yes No

Do you have a legal representative? Yes No

Name of representative (Committee, Representation Agreement, Adult Guardian, and

Temporary Substitute Decision Maker): _____



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I acknowledge that Lifetime Networks is a peanut, perfume/cologne and shellfish free area.

I am providing my express consent to receive electronic messages to the above noted email address from Lifetime Networks such as newsletters, announcements, programs and events. I may opt out at any time by contacting the office. Yes No

Alternate Contact: _____

Relationship to Participant: _____

Address: _____

City _____ Postal Code _____ Email Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

I am providing my express consent to receive electronic messages to the above noted email address from Lifetime Networks such as announcements, programs and events. I may opt out at any time by contacting the office. Yes No

Emergency Contact Name: _____

Phone Number for Emergencies: _____

For Office Use Only:

Program Fee: \$ _____ Payment by: Cash Cheque Money Order

Credit Card No: _____

Expiry Date: _____ CSC: _____ Postal Code: _____



‘AT A GLANCE’ SAFETY INFORMATION

At Lifetime Networks, we believe that relationships of trust and support are the foundations for maintain safety in our programs. As we build these relationships, it is important that we gather information from those family members, caregivers and professionals who already have valuable insights gathered from their experience with the individuals they support.

This is a document that provides important ‘at a glance’ safety information and methods for support.

Date: _____

Program: _____

Program Manager: _____

Name of Person Supported: _____

Date of Birth: _____

Emergency Contact: _____

The following employees have reviewed this document, are aware that this individual might pose risks, and acknowledge that they have been oriented to strategies to minimize these risks:

Reviewer’s Name (printed)	Reviewer’s Signature	Date Reviewed



PROFILE OF SUPPORTED INDIVIDUAL

Brief profile and history of person supported:

--

Any safety issues that staff members should be aware of:

--

Any medical history or issues that staff members should be aware of:

--

Any communication needs of which staff should be aware of:

--

Is this individual sensitive to any particular catalysts, and if so, how are staff members recommended to offer support?:

Does this individual experience any sensory issues that staff members should be aware of?:

RELATIONSHIP BUILDING

The following are helpful ways to approach and engage this person:

APPROACHES	EXAMPLES:

The following are helpful activity ideas for empowering and building a relationship with the person supported:

PERCEPTION

The individual appears to perceive people in supportive roles (staff, teachers, family, etc.) in the following ways:

This individual appears to perceive themselves in the following ways:

This individual appears to perceive peers in the following ways:



MAINTAINING AND RESTORING SAFETY

The following are situations that can be unsafe for the individual:

The following are suggested efforts to maintain and/or restore safety for this individual:

HELFUL LANGUAGE TO ENGAGE AND SUPPORT

The following are helpful ways to communicate and support this person (common language):	
Communication:	Examples/Scripted Example:



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Photographs/Videos use consent

There are many wonderful occasions that can arise during participation in Lifetime Network activities. By photographing or videotaping these events we can share them with the people we support, their parents/caregivers, and also utilize them to demonstrate the “good works” of our organization. For this reason, we ask permission to share these photographs and or videos.

Regarding Lifetime Networks using photographs and or videos of:

(name)

for general marketing purposes and community building,

- I give permission**
- I *do not* give permission**

Pictures and videos will not be used for any non-Lifetime Networks related material or function. In all situations only first names will be attached to the pictures or video.

signature of individual or representative

date (valid until 1 year from signing)

Please note: events that are held in public spaces (places shared with the general public) are not included in the permissions given above. These events include, but are not limited to, the Holiday Breakfast Buffet, Summer Picnic and GoodLife Fitness Victoria Marathon.