



# Southwest Kids in Action/Light House for the Blind (SWKIA/LHB)

If you have any questions contact Lydia Regier

Phone: (417) 328-8832

Email: [swkia@lhindustries.com](mailto:swkia@lhindustries.com)

## Registration Form

**Please note:** *All kids must be age 8- 18 years of age to be able to participate. We will accept applications on a first-come-first-serve basis. All participants must be predominantly independent (toileting and eating). SWKIA's focus is on independence and making new friends, therefore participants are expected to attend the program without family members present.*

**Our Objectives:** .This group encourages physical development by participation in a wide variety of physical, social and developmental activities. Activities include: Goalball, Archery, Rock Climbing, Swimming, Yoga, Cooking, Nutrition, Hands on Arts, and many other activities.

### **Personal Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex:  M  F

Do materials need to be in: \_\_\_\_\_ Braille \_\_\_\_\_ Large Print \_\_\_\_\_ Other \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

Name of TVI or O&M \_\_\_\_\_ Email \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**Emergency Contact Information:**

Emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_

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

T-Shirt Size: S M L XL XXL

Adult T-Shirt  Youth T-Shirt

**Visual Classification** *(Please check one. If you are not sure, please estimate):*

- B1:** No light perception in either eye up to light perception, but inability to recognize the shape of a hand at any distance or in any direction.
- B2:** From ability to recognize the shape of a hand up to visual acuity of 20/600 and/or a visual field of less than 5 degrees in the best eye with the best practical eye correction.
- B3:** From visual acuity above 20/600 and up to visual acuity of 20/200 and/or a visual field of less than 20 degrees and more than 5 degrees in the best eye with the best practical eye correction.
- B4:** From visual acuity above 20/200 and up to visual acuity of 20/70 and a visual field larger than 20 degrees in the best eye with the best practical eye correction.

What is the participant's Visual Impairment Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Description of what the participant CAN see: \_\_\_\_\_

\_\_\_\_\_

**Parents must disclose ALL necessary information that will allow us to provide a safe environment.**

**Medical Needs (mark yes/no):**

Asthma	Y / N
Environmental/Food Allergies	Y / N
Seizures	Y / N
Hearing Impairment	Y / N
Emergency Medication	Y / N
Other health condition	Y / N
Does your child have any restrictions?	Y / N

**Support Needs (mark yes/no):**

Special Diet	Y / N
Balance/Coordination	Y / N
Needs help with personal care	Y / N
Needs close supervision	Y / N
Communication concerns	Y / N
Behavior concerns	Y / N
Other support needs	Y / N

**Please explain all "yes" answers below. Attach an extra page if needed.**

Previous Surgeries/Hospitalizations (dates & descriptions):

\_\_\_\_\_  
\_\_\_\_\_

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**Medications:**

Name	Dosage/Time Administered	Reason
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Name	Dosage/Time Administered	Reason
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Name	Dosage/Time Administered	Reason
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**Travel Plans:**

**1. All participants must have their own transportation to and from primary meeting location. Once participants arrive at meeting location, ground transportation will be provided for events if needed.**

**Participants must:**

1. Have a visual impairment (must have a vision teacher).
2. Be predominantly independent (eating, toileting)
3. Possess verbal or sign communication skills appropriate within 2 years of their age
4. Display behaviors that allow them to function in a group setting that does not affect other group members:
  - Must NOT run away
  - Must not kick or bite.
  - Must not display defiant behavior (this includes refusing to stand in a line, refusing to participate in a variety of activities)
5. Not possess a medical problem that requires a nurse for supervision.
6. **Parents must disclose ALL necessary information that will allow us to provide a safe environment. This includes ANY issues that may arise behaviorally or medically.**
7. **Please include a copy of your child's IEP with this application.**

**General Liability Waiver:**

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, do hereby consent to his/her participation in voluntary functions sponsored and/or organized by the Lighthouse for the Blind – St. Louis. I understand that he/she is responsible for his/her behavior. I do hereby waive and release, the Lighthouse for the Blind – St. Louis, their service partners (including schools) and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward’s participation in Lighthouse for the Blind – St. Louis, and their functions.

**Transportation Liability Waiver:**

I do hereby consent to The Lighthouse for the Blind – St. Louis providing transportation (in commercially procured and private vehicles) for my child/ward if necessary. I do hereby waive and release the Lighthouse for the Blind – St. Louis, their service partners and/or sponsors of any project or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward’s involvement in transportation services provided by the Lighthouse for the Blind – St. Louis.

**Release to Seek Medical Treatment\***

In the event of a medical emergency, I do hereby consent to the Lighthouse for the Blind – St. Louis releasing my child/ward to the nearest, most appropriate medical professional available. I understand that the Lighthouse for the Blind – St. Louis will notify me of such an event immediately after they have sought proper medical treatment for my child/ward at the following phone number: \_\_\_\_\_.

\*If your child/ward has a chronic or recurring medical condition, for which emergency treatment is not necessary, please address your child’s/ward’s needs in the appropriate area of this application.

**Photo Release**

I hereby grant permission to use my child’s/ward’s likeness in a photograph in any Lighthouse for the Blind publications, including website entries, without payment or any other compensation. I understand and agree that these materials will become property of the Lighthouse for the Blind – St. Louis and will not be returned.

**By signing below, I indicate that I understand and agree to the items initialed above.**

\_\_\_\_\_

\_\_\_\_\_

**Participant’s Signature**

**Parent’s/Guardian’s Signature (if under age 18)**

**Please mail completed application to:  
Lighthouse for the Blind  
Attn: Angie Yorke  
10440 Trenton Avenue  
St. Louis, MO 63132**

**OR**

**Email your application to [ayorke@lhbindustries.com](mailto:ayorke@lhbindustries.com)**

**For additional information, contact: Lydia Regier at [swkia@lhbindustries.com](mailto:swkia@lhbindustries.com) OR (417) 328-8832**