

# Southeast Kids in Action/Light House for the Blind (SEKIA/LHB)

If you have any questions contact Erin Brewer

Phone: (573) 382-0611

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## Registration Form

**Please note:** *All children must be between 8 years old and high school graduation age to participate. We will accept applications on a first-come, first-served basis. All participants must be predominantly independent (toileting and eating). SEKIA'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 \_\_\_\_\_

Birthdate \_\_\_\_\_ Participant's Age \_\_\_\_\_ Sex: ☐ M ☐ F

Participant's Weight \_\_\_\_\_ Participant's Height \_\_\_\_\_

\*(This info is needed for participation in some activities such as zip lining)

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 ☐XXLAdult 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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:**

Name	Dosage	Time Administered	Reason

**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 and social media 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.**

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**Participant's Signature**

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**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: Erin Brewer at [sekia@lhbindustries.com](mailto:sekia@lhbindustries.com) OR (573) 382-0611**