

Southeast Kids in Action/Light House for the Blind

(SEKIA/LHB)

If you have any questions contact Erin Brewer

Phone: (573) 382-0611

Email: sekia@lhbindustries.com

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 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):

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.

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@lhbustries.com

For additional information, contact: Erin Brewer at sekia@lhbustries.com OR (573) 382-0611