

# LARC Application Leisure and Recreational Club

## PIONEER RESOURCES

Opening Doors of Opportunity

Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Nickname? \_\_\_\_\_ Do You Have a Supports Coordinator? YES  NO

If yes, what is her/his name? \_\_\_\_\_ Phone \_\_\_\_\_

Special Interests: \_\_\_\_\_

AFC Information: Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Do you drive? YES  NO

Do you use public transportation? YES  NO  Do you have a felony conviction?  YES  NO

If yes, please describe: \_\_\_\_\_

Currently on probation?  YES  NO If yes, name of probation officer: \_\_\_\_\_

Reasons why I might get upset: \_\_\_\_\_

Are there any medical conditions/allergies we need to be aware of? \_\_\_\_\_

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

City, state, zip \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact if different than Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**Disability: (Check all that apply)**

- Cognitive Impairment/Developmental Disabled (CI/DD)
- Mentally Ill (MI)
- Dually Diagnosed
- Autism
- Other: \_\_\_\_\_

**Mobility: (Check all that apply)**

- Walks without assistance
- Walks with an assistive device
- Wheelchair user

**Ethnicity: (please check)**

- Asian
- Hispanic/Latino
- White
- Native American/Alaskan Native
- Black African American
- Native Hawaiian/Other Pacific Islander
- Two or more races
- Other

**LARC Application**  
**Leisure and Recreational Club**  
**PIONEER  RESOURCES**  
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Applicant's Name: \_\_\_\_\_

Person making the referral: \_\_\_\_\_

Title: \_\_\_\_\_ Contact information: \_\_\_\_\_

If personal care assistance will be needed, please describe briefly: \_\_\_\_\_

\_\_\_\_\_

If Behavioral supports will be needed or requested, briefly describe: \_\_\_\_\_

\_\_\_\_\_

Date of last Person Centered Plan, Individual Education Plan (IEP) or other individualized plan of service: \_\_\_\_\_

\_\_\_\_\_

*I acknowledge that there are risks when participating in any recreational or leisure activity and assume responsibility for my participation in events. I understand that the Leisure and Recreation Club (LARC), an organization and/or club members shall not be held responsible for injury incurred during a club meeting or event. I agree that as a club member, I will adhere to standards set forth in the club by laws. Furthermore, if I require assistance, I will provide my own personal care attendant for the activity, at my own cost and risk.*

**Signature of Member/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name of Member/Guardian** \_\_\_\_\_

I hereby allow the release of my photo/name for marketing and documentation purposes.  YES  NO

**Signature of Member/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name of Member/Guardian** \_\_\_\_\_

I would rather have my LARC Calendar emailed to me.  YES  NO

My email address is: \_\_\_\_\_

Marking **YES** means you will not receive a copy of the LARC Calendar in your mailbox. You can change this anytime by calling Alex Latz 231-220-2333 231-375-7025