

KENTUCKY ADAPTED PHYSICAL EDUCATION

Application and Permission –Spring 2022

In order for your child to participate in the Kentucky Adapted Physical Education program, we need your assistance in providing some basic information. Please answer the following questions below, sign the last page and return completed form as soon as possible via email, hand deliver to the YMCA or mail through the US Postal Service.

Participant's Name:		DOB:	Age:
Address:		City:	State:
Circle one: Male / Female / Non-Binary		Preferred language:	
Name of Participant's school:			Grade:
Parent/Guardian Name:		Cell #:	
Email address:			
Emergency Contact other than primary parent/guardian:		Cell #	
Participant's T-shirt Size:			

General Areas of Disability (Check all those applicable)

- Intellectual Disability
 Orthopedic Disability
 Down Syndrome
 Spina Bifida
 Learning Disability
 Anxiety Disorder
 Cerebral Palsy
 Autism Spectrum Disorder
 Cardiac Impairment
 Auditory/Hearing Impairment
 Seizure Disorder
 Visual Impairment
 Sensory Impairment (Please Explain)
 General Motor Impairment

Other (please explain) _____

HISTORY

Circle the Answer

Has the participant?

Been screened for **atlantoaxial** instability? YES NO

If yes, what was the result? _____

Ever had a seizure? YES NO

If yes, approximate date of last seizure _____

Is the seizure controlled with medications? YES NO

Used/use of and inhaler for asthma or other respiratory difficulties? YES NO



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ACTIVITY LEVEL - Can/does the participant?

Circle the Answer

Get dressed by them self?	YES	NO
Use the bathroom by self?	YES	NO
Enjoy swimming/getting into the water?	YES	NO
Swim independently?	YES	NO
Enjoy playing with other children?	YES	NO
Attend GYMNASTICS/OR occupational therapy?	YES	NO
Participate in horseback riding?	YES	NO

Additional Comments:

COMMUNICATION TECHNIQUES / REINFORCEMENT STRATEGIES

Circle the Answer

Does the participant use verbal communication?	YES	NO
Are specific communication techniques (pictures/word/technology) used for the participant?	YES	NO
If yes, please describe _____		

What are the participant's favorite positive reinforcers (with the exception of food)?

(Some examples: high fives, thumbs up, stickers) _____

Are specific behavior techniques used for the participant, which you want us to use at KAPE? YES NO

If yes, please describe _____

MEDICAL HISTORY

Approximate date of last medical exam _____

MEDICATIONS (Present medication / Purpose)

_____	_____
_____	_____
_____	_____

Are there any medication reactions which the KAPE staff need to watch for? YES NO

If yes, please describe _____



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FUNCTIONAL CAPACITY

- _____ Unrestricted: No restrictions need to be placed on the participant relative to vigorousness or type of physical activity or exercise
 _____ Mild: Ordinary physical activity/exercise need not be restricted, but unusually vigorous efforts need to be avoided
 _____ Moderate: Ordinary physical activity/exercise needs to be moderately restricted and strenuous efforts need to be avoided
 _____ Limited: Ordinary physical activity/exercise needs to be markedly restricted

Explain if you marked mild, moderate or limited:

Describe any other special precautions needed for the participant:

AQUATIC SKILLS-Can/will the participant?

Circle the Answer

Swim without a floatation device?	YES	NO
Go underwater voluntarily?	YES	NO
Climb in/out of the pool?	YES	NO
Do a front or back float on their own?	YES	NO
Swim front crawl (freestyle) on their own?	YES	NO

Describe past aquatic experience:

YOUR PLAN FOR KAPE

What are your exercise and activity goals for the participant? Include a description of their current skills, strengths and preferences.



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Eastern Kentucky University Waiver of Liability, Assumption of Risk, and Indemnity Agreement Parent/Guardian Permission for Participation

Please read carefully, fill in all blanks and initial each paragraph before signing.

_____, I, _____, (Participant/Guardian) hereby affirm that I have read this document in its entirety. By my signature below and by my initialing each paragraph, I agree to each and every term and condition of this document.

_____ I ACKNOWLEDGE that the Kentucky Adapted Physical Education Program (KAPE) provides specialized physical education programs for youth (ages 4-18 years) with developmental, neurological, sensory, mental, orthopedic, and other types of disabilities. The program is run by the Department of Occupational Science and Occupational Therapy at Eastern Kentucky University (EKU) along with Telford YMCA, Richmond, KY, supervised by an EKU faculty member and coordinator at the YMCA. In order to assist participant, EKU students enrolled in courses in the above named department along with volunteers from the EKU faculty and student body also provide instruction.

_____ I UNDERSTAND THAT PARTICIPATION IN KAPE CARRIES WITH IT CERTAIN INHERENT RISKS AND DANGERS. THESE RISKS INCLUDE BUT ARE NOT LIMITED TO: PERSONAL DAMAGE, INJURY, PARALYSIS, LOSS DEATH OR PROPERTY DAMAGE OR LOSS. I understand that these risks are described by way of example only, and that there are numerous other risks inherent in this activity to which I may be exposed In the event of possible injury, I give permission for EKU to authorize administration of medical care.

_____ IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY IN KAPE, during spring 2021, I on behalf of myself and anyone claiming interest through me, DO HEREBY INTENTIONALLY, KNOWINGLY, AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS EASTERN KENTUCKY UNIVERSITY, and all its employees, regents, students, and volunteers From any and all claims, actions, suites, procedures, costs, expensed, damages, and liabilities BOUGHT AS A RESULT OF MY INVOLVEMNT IN THIS EVENT WHERE SU DAMAGE, INJURY, OR LOSS RESULTD FORM negligence or some other cause and to reimburse them for any such expenses incurred.

_____ I HEREBY assert that my/my child's participation is voluntary and that I knowingly assume all such risks. I UNDERSTAND THAT I SIGNED THIS DOCUMENT AS MY OWN FREE ACT AND DEED; OR ORAL REPRESENTATION, STATEMENT, OR INDUCEMENTS, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE.

_____ I further agree that this document will be interpreted in accordance with the laws of the Commonwealth of Kentucky. If any term or provision of this document shall be held illegal, unenforceable or in conflict with any law governing this document, the validity of the remaining portions shall not be affected.

Participant First and Last Name (print): _____

Parent/Guardian First and Last Name (print): _____

Parent/Guardian Signature: _____ Date: _____



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Covid-19 Pandemic Guidelines for KAPE –Spring 2022

Please read carefully, fill in all blanks and initial each paragraph before signing.

_____, I, _____, (Participant/Guardian) hereby affirm that I have read this document in its entirety. By my signature below and by my initialing each paragraph, I agree to each and every term and condition of this document.

_____ I ACKNOWLEDGE that the YMCA and ECU are bound to follow CDC guidelines and laws/regulations of the Commonwealth of Kentucky for KAPE participants and leaders related to Covid-19 safety; and that these guidelines are subject to change.

_____ I agree to abide by and support the participant to abide by the posted YMCA Covid-19 guidelines.

_____ I agree to wear a mask in the YMCA at all times, if required at time of class and socially distance from persons outside my family group.

_____ I agree to provide a mask for the participant to wear at all times except while in the pool.

Participant First and Last Name (print): _____

Parent/Guardian First and Last Name (print): _____

Parent/Guardian Signature: _____ Date: _____



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