

Military Veteran Participant Information

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Place: _____ Work Phone: _____

E-mail address: _____

Birthdate: _____ AGE: _____ Sex: _____

Number of people in household: _____ Is this a single parent home: Yes No

Is there an individual with disability in the household: Yes No

I was referred by or learned about "Break the Barriers" from: _____

I would like to be on the mailing list: Yes No

I would be interested in doing volunteer work: Yes No

How would you like to serve: _____

Household Income: Please Circle One 0-\$15,000 \$15,001-\$20,000 \$20,001-\$25,000 \$25,001-\$30,000 \$30,001-\$35,000 \$35,001-\$40,000 \$40,001-\$45,000 \$45,001-\$50,000 \$50,001-\$60,000 \$60,001-\$70,000 \$70,001-\$80,000 \$80,001-HIGHER	Race/Ethnicity: African/American Asian Caucasian Hispanic/Latino Native American Native Hawaiian Pacific Islander Other	Military Discharge: Honorable General Honorable Conditions Bad Conduct/Dismissal/ Uncharacterized
	Marital Status: Single Married Divorced Separated Widowed Domestic Partner	Active Duty During: Gulf War Iraq War Korean War War in Afghanistan World War II Vietnam War Peacetime (Period of Service)
	Education: Some High School GED High School Diploma Some College Trade Certification Associates 4 Year College Degree Masters Doctorate Other	Military Branch: Air Force Army Coast Guard Marine Merchant Marine Navy

Break the Barriers Waiver and Release From Liability:

Name: _____

To Break The Barriers, Inc., I, the above named adult student hereby acknowledge that my participation in the programs, performances, and classes that are conducted by or affiliated with Break the Barriers, Inc. is voluntary. I acknowledge that the programs and classes shall expose participants to certain risks, which include, but are not limited to: risks related to the associated physical activities, and other risks, some of which may not be specifically foreseeable. I acknowledge that my participation is undertaken with full assumption of all risks associated with the programs, performances, and classes, including the risks listed above and all other risks that are not specifically listed above. This release is intended to discharge in advance Break the Barriers, Inc., and its officers, Board of Directors, Advisory Board Members, its employees, volunteers, and agents from and against any and all liability arisen out of negligence or carelessness on the part of the entities and persons mentioned above. I hereby waive, release, and discharge on my behalf, and on behalf of my heirs, dependents, estate and any other representatives, including myself, any and all claims, which may exist or which may hereafter occur, against Break the Barriers, Inc., and its officers, Board of Directors, Advisory Board Members, its employees, volunteers, and agents for any injury, accident, illness, or death arising out of or in any way related to the programs, performances, and classes and other events that are sponsored or affiliated with Break the Barriers, Inc.

Signature of adult student: _____ Date: _____

Emergency Medical Authorization:

Should it become necessary for myself to have emergency medical treatment while participating in any activities associated or affiliated with Break the Barriers, Inc. (hereafter "BTB"). I hereby authorize BTB personnel to use their judgment in obtaining emergency medical services. I further authorize any individual selected by BTB personnel to render such emergency medical treatment to myself as he/she may deem necessary and appropriate. I understand that BTB is not responsible for paying the medical or hospital costs that might be incurred on my behalf. Consequently, I understand and agree that any and all such costs shall be my sole responsibility.

Signature: _____

Emergency Contact (Other than self): _____

Phone Number/email: _____

Health History and Medical Information

My Doctor: _____ Doctor's phone number: _____

Are you aware of any medical problem(s): Yes No If yes, please circle below:

Accident	Arthritis	Asperger's Syndrome
Asthma	Attention Deficit Disorder	Attention Deficit Hyperactive
Auditory Processing	Autism Spectrum Disorder	Bipolar
Brain Injury	COPD	Depression
Diabetes	Emotionally Disturbed	Epilepsy
Hearing Impaired	Heart	Hypotonia (Low Muscle Tone)
Joint/Bone Problems	Learning Disabled	Lim Deficiency
Migraine Headaches	Multiple Sclerosis	Muscular Dystrophy
Obsessive Compulsive	Parkinson's	Physically Impaired
PTSD	Schizophrenic	Seizures
Sensory Integration	Shunt	Speech
Spinal Cord Injury	Stroke	Tourette Syndrome
Traumatic Brain Injury	Vision Impaired	Did not Disclose

Disability other than listed above: _____

Other health information: _____

Explain any of the above (if necessary): _____

List of medications taken regularly: _____

Special instructions regarding medications (VA medication print out if available): _____

Break the Barriers Rules Confirmation

DRESS CODE

Break the Barriers is a 501c3 non-profit corporation with a large outreach to all abilities and body types. We have a strict dress code that is welcoming to everyone.

1. Participants need to wear proper attire that will not restrict movement.
2. Shorts or sweats and fitted T-shirts are best.
3. ABSOLUTELY NO TUMMIES CAN BE SEEN, NO LOW-CUT SHIRTS (FRONT OR BACK). NO SPAGHETTI STRAPS.
4. TANK SHIRTS MUST BE AT LEAST 1 INCH WIDE AT SHOULDER STRAP.
5. SHORTS OR LEOTARDS MUST HAVE A 6 INCH INSEAM. BIKER SHORTS WITH A 6 INCH INSEAM MAY BE WORN UNDER SHORTS THAT DO NOT HAVE A 6 INCH INSEAM.
6. NO "UNDER WEAR" TANK SHIRTS.
7. ALL SLEEVELESS SHIRTS MUST COVER UP TO THE ARMPITS.
8. NO gum!
9. Long hair needs to be tied back-NO EXCEPTIONS!

DEPARTMENT AREAS CODE OF CONDUCT

1. Participants/non-participants ARE NOT allowed in activity areas without staff supervision other than weight room.
2. ABSOLUTELY NO FOUL LANGUAGE!
3. MUST BE RESPECTFUL AT ALL TIMES.
4. No latex balloons in the facility-(Due to allergies)
5. Non-participants MUST BE supervised by an adult at all times and NEVER LEFT UNATTENDED at Break the Barriers.
6. All apparatus is OFF LIMITS to non-students.

I AGREE TO FOLLOW THE DRESS CODE AND CODE OF CONDUCT

Signature: - - - - -

Date: - - - - -

I give my consent and approval for myself to participate in activities, programs, (T. V., radio, videotaping) and to be photographed as part of Break the Barriers, Inc. in their endeavor to explain their role of educating the public. Circle One: Yes No ___ Initial

PLEASE HELP US TO PROVIDE A SAFE ENVIRONMENT

ARE YOU READY TO BREAK SOME BARRIERS?

We hope that this is an awesome experience!

Please feel free to call us at any time if you have questions!

VA Medical Release for Participation at *Break the Barriers

Physician to complete

Veteran Name: _____ Is a patient of mine. He/She may participate in.

(Circle all that apply)

Weight/Cardio/Adaptive Sports: Yes / No

Archery, Air Rifle, Biathlon, Boot Camp, Swimming Track & Field, Table Tennis, Wheelchair Basketball & Tennis. **Please list any concerns or restrictions:**

Martial Arts: Taekwondo: Dance: Yes / No **Please list any concerns or restrictions:**

(Print) Primary Care Physician's Name: _____

Signature: _____ Date: _____

(NPI #) _____

*** Primary Care Physician MUST sign in order to participate in programs at Break the Barriers.**

STAFF ONLY***

Doctor's Release on file: _____ Date: _____ Medication list received: _____

Date: _____ Did not complete: _____