



Association for the Rights  
of Citizens with handicaps

# Activities to Build Life Experiences (A.B.L.E.) 2020 Personal Data Update Form

**Remember that CURRENT ARCh MEMBERSHIP IS REQUIRED TO PARTICIPATE IN ALL ACTIVITIES**

## Participant Information:

Name (please print): \_\_\_\_\_ D.O.B. \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lives at:  Parent's/Guardian's Home  Lives Independently

Other(specify) \_\_\_\_\_

Group Home, Nursing Home or Assisted, Supported Living Arrangement outside of a family members home

Name of Facility: \_\_\_\_\_

Disability: \_\_\_\_\_

Food Restrictions/Allergies: \_\_\_\_\_

Is participant diabetic?  Yes  No

If yes, please provide any necessary instruction here:  
\_\_\_\_\_

For participants with seizure disorders:

Seizure Frequency: \_\_\_\_\_ Length of seizure: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

How are seizures handled at home? \_\_\_\_\_

Additional Information about participant that staff should know while participant is attending activity:  
\_\_\_\_\_  
\_\_\_\_\_

Communication Needs:

Primarily verbal  Follows verbal directions

Primarily nonverbal  Follows written directions

Uses ASL to communicate

Writes to communicate

Uses a tablet/device to communicate

Other: \_\_\_\_\_

## Primary/Emergency Contact Person while participant is attending activity:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

## 2<sup>nd</sup> Emergency Contact (this person must be reachable during activities):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Is the participant his/her own Legal Guardian?  Yes  No

If the participant is NOT his/her own Legal Guardian, complete the Guardian Information below:

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### Guardian Information

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\_\_\_\_\_  
Name of Guardian or Client (Please print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

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### Participant or Guardian Consent

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- I give permission for the participant named above to attend ARCh activities and to participate.
- I give ARCh permission to use photographs and comments of this participant in ARCh publicity and promotions, including social media.
- I give ARCh permission to transport the participant before, during, and after activities.
- I give ARCh permission to provide routine health care, administer medications, and seek emergency medical treatment.

**I/We hereby release, acquit and discharge ARCh, and their officers, directors, employees and agents from any and all actions, claims and liability in any way arising out of or in connection with any ARCh activity.**

\_\_\_\_\_  
Name of Guardian or Client (Please print)

(If the client has a guardian, the guardian must sign.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TRANSPORTATION for Thursday Night SOCIALS only:**

Will you be providing your own transportation?  YES  NO

Will you utilize ARCh bus transportation?  YES  NO

If yes, accommodations?  Wheelchair  Walker  Other, specify \_\_\_\_\_

*\*\*If you do not currently utilize ARCh transportation and would like to arrange  
ARCh bus transportation, please contact ARCh at (262) 542-9811\*\**

- All participants must have this form on file to attend Socials or Go See Do Activities one week before attending first activity.
- New participants must contact the ARCh office to be added to the attendance/bus list.
- All participants must be 18 or older and independent in their personal cares to attend activities.

**Note: All participants in Thursday Night Socials and Go See Do activities must complete this form every two years.**

Return to ARCh: 419 Frederick Street, Waukesha, WI 53186-5605 • 262-542-9811 • Fax: 262-542-5280 • archoffice@archchangeslive.org