

**MEDICATIONS** (include prescription, over-the-counter; name, dose and frequency) \_\_\_\_\_

---

---

---

---

---

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

**PHYSICAL FUNCTION** (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

---

---

---

---

---

**PSYCHO/SOCIAL FUNCTION** (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc)

---

---

---

---

---

**GOALS** (i.e. Why are you applying for participation? What would you like to accomplish?)

---

---

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO RELEASE

- I  DO  
 DO NOT

consent to and authorize the use and reproduction by R. H. L. C.

(center)

of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent or Legal Guardian  
Signed in the presence of center staff