

Documentation and Registration Form – TheraOffice Community Programs

Date Collected:		Time Taken (to include travel time):
Staff Person :		

Enter data as it is listed on driver's license.**Documentation Information**

Legal First Name			
Middle Initial			
Legal Last Name			
Suffix (Jr., Sr., etc.)			
Alias (Nickname)			
Birth Date			
SSN (at least last 4)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address			
Apt/Suite			
City			
State			
Zip			
Primary Phone		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Secondary Phone		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Email Address			
Health Concerns	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic <input type="checkbox"/> Epi Pen <input type="checkbox"/> Fall Risk <input type="checkbox"/> Legal Guardianship in Place <input type="checkbox"/> Seizures <input type="checkbox"/> Temperature Sensitivity <input type="checkbox"/> Wanderer		
How did you hear about our Program?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Brooks Rehab Facility <input type="checkbox"/> Brooks Staff Member <input type="checkbox"/> Case Manager <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> News or Social Media <input type="checkbox"/> NRDT Program <input type="checkbox"/> Physician <input type="checkbox"/> School <input type="checkbox"/> Student <input type="checkbox"/> Support Group <input type="checkbox"/> Therapist <input type="checkbox"/> Veterans Administration <input type="checkbox"/> Vocational Rehab <input type="checkbox"/> Wounded Warrior <input type="checkbox"/> YMCA <input type="checkbox"/> Other *Name: _____		
Emergency Info	Contact Last Name		Contact First Name
	Relationship		
	Phone Number		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Primary Health Condition			
Secondary Health Condition			
Race	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Declined		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
Income Level	<input type="checkbox"/> Baseline <input type="checkbox"/> 300% <input type="checkbox"/> 400% <input type="checkbox"/> 500% <input type="checkbox"/> 600% <input type="checkbox"/> Declined (See Chart Below)		
Please list any medications you are currently taking.			
Have you ever served in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list →	
Do you experience seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list →	
What goals would you like to achieve while participating in our Program?	
Transportation	<input type="checkbox"/> JTA <input type="checkbox"/> Family/Friend <input type="checkbox"/> Own Vehicle <input type="checkbox"/> Brooks Provided Transportation <input type="checkbox"/> Clay County Transportation <input type="checkbox"/> Baker County Transportation <input type="checkbox"/> Taxi or Private Pay Transportation

BROOKS **COMMUNITY PROGRAMS**
Rehabilitation **INCOME SCALE**

Family Size	Baseline (2016 FPL)	300%	400%	500%	600%
1	\$11,770	\$35,310	\$47,080	\$58,850	\$70,620
2	\$15,930	\$47,790	\$63,720	\$79,650	\$95,580
3	\$20,090	\$60,270	\$80,360	\$100,450	\$120,540
4	\$24,250	\$72,750	\$97,000	\$121,250	\$145,500
5	\$28,410	\$85,230	\$113,640	\$142,050	\$170,460
6	\$32,570	\$97,710	\$130,280	\$162,850	\$195,420
7	\$36,730	\$110,190	\$146,920	\$183,650	\$220,380
8	\$40,890	\$112,670	\$163,360	\$204,450	\$245,340
Federal Guidelines for each additional person, add \$4,060					

For Office Use Only:

☐ Waiver (initialed and both sides signed) ☐ R&R ☐ Yoga ☐ Bus ☐ CC ☐ AK Contacts ☐ Orientation

☐ Follow up needed _____

I, the undersigned, wish to volunteer my services to and/or participate in the sports, healthy living, educational, special event and/or subscriber activities of Brooks Rehabilitation Community Programs to include; Brooks Adaptive Sports and Recreation - Jacksonville, Brooks Adaptive Sports and Recreation – Daytona, Pediatric Recreation, Brooks Clubhouse, Brooks Aphasia Center, Brooks Wellness, and/or Neuro Recovery Center ("ACTIVITIES"), a program of Genesis Health, Inc., d/b/a Brooks Health System, and any and all affiliates and subsidiaries ("BROOKS"). In consideration of BROOKS arranging, coordinating and/or making available volunteer, participant, caregiver opportunities, I acknowledge, understand and agree to the following:

I acknowledge and understand there are risks, including, but not limited to, personal injury, death, permanent disability, contagious disease such as COVID-19, property loss and property damage inherent in the use of the equipment and facilities involved, and in volunteering and participating in the ACTIVITIES. I understand that there may be other risks not known to me or not reasonably foreseeable at this time and that these risks cannot be eliminated. My volunteer service and participation in the ACTIVITIES is entirely voluntary, and I agree to assume all risks associated with such volunteer service or participation, including risks of injury or death and risks caused by the negligence of others, as well as all risks related to any physical or other condition from which I might suffer.

I agree that while volunteering and participating in the ACTIVITIES, I will abide by all BROOKS safety rules and I will conduct myself in a safe and controlled manner. I grant permission to BROOKS to authorize emergency medical treatment for me, if necessary, and I assume personal and financial responsibility for any medical care and treatment that I may require as a result of volunteering and participating in the ACTIVITIES. I understand as a participant in the ACTIVITIES I must be able to independently complete activities of daily living, transfers as appropriate, and complete safe set up of the activity as appropriate or a caregiver will be required to assist.

I voluntarily release, discharge, waive and relinquish any and all claims, damages, lawsuits and causes of action against BROOKS and any of its assigns, successors, agents, staff, employees, volunteers, officers, and directors for personal injury, death, property loss or property damage resulting from my volunteer service or participation in the ACTIVITIES, whether caused by the negligence of BROOKS, and/or BROOKS' staff, employees, volunteers, officers, directors or otherwise. I further agree to indemnify and hold harmless BROOKS and its assigns, successors, agents, staff, employees, volunteers, officers, and directors from any such claims, damages, lawsuits or causes of action.

In exchange for BROOKS allowing me to volunteer and participate in the ACTIVITIES, I give BROOKS, its assigns, and/or successors, the right and permission to use my name, photograph, likeness, image, interviews, videotapes, voice and biographical information (collectively, "Reproductions") in any media, including publications, advertising, the internet and publicity, in connection with my volunteering and participating in the ACTIVITIES. I hereby grant and assign to BROOKS the right, title, and irrevocable authority and interest to Reproductions. I agree that BROOKS may exhibit or distribute all or any part of Reproductions which BROOKS and its employees deem appropriate to benefit BROOKS. I waive any and all claims for compensation and waive any and all claims related to or arising out of the publication and dissemination of Reproductions for any lawful purposes. _____ **(Initials)**

I understand that this Volunteer/Participant Release of Liability & Waiver of Claims is a contract between me and BROOKS. I sign it of my own free will. I also understand that this contract is severable and if any part of it is held by a court of law to be unenforceable, the rest shall survive. I HAVE CAREFULLY READ THIS VOLUNTEER/PARTICIPANT/CAREGIVER'S RELEASE OF LIABILITY & WAIVER OF CLAIMS AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY SIGNING THIS RELEASE I AM GIVING UP VALUABLE RIGHTS.

Participant/Volunteer Printed Name

Participant/Volunteer Signature

Date

This is to certify that I, as parent/caregiver/guardian with legal responsibility for this volunteer, do consent and agree to his/her Volunteer/Participant/Caregiver's Release of Liability & Waiver of Claims, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless BROOKS from any and all liabilities incident to my minor child's or ward's involvement, including volunteer service or participation, in the ACTIVITIES as provided above, even if arising from BROOKS' negligence.

**Parent/Caregiver/Guardian's
Printed Name**

**Parent/Caregiver/Guardian's
Signature**

Date

Addendum: List of Potential Activities*

Adapted Aquatics – Pediatric	Dance	Product Production Work Unit
Adaptive Aquatics	Disney Dance Day	Sign Language
Ambulatory Yoga	ERG Rowing	Sitting Volleyball
Aqua Challenge	Fishing	Sled Hockey
Aqua Play	Game Night	Softball
Archery League	Golf	Splash and Dash
Archery Novice	Horseback Riding	Sports Explorers
Billiards	Horsin' Around at Hope	Stroke Wellness
Boccia	Independent Fitness	Surfing
Bowling	Jump Back Into School	Tai Chi
Boxing	Kayaking	Tennis
BRAC Community Outing	Life Skills	Tournament Travel
Brain Injury Wellness	Maintenance Work Unit	Transportation on Brooks Bus
Brooks Cabana Club	MS Wellness	Transportation to/from events
Brooks Kooking for Kids	Music (with Danielle)	Trap Shooting
Brooks Krafty Kids	Music and Movement	Vocational Classes
Brooks Lil' Groovers	NRC	Volunteer/Intern Work in Community
Brooks Lil' Putters	NRC OP (Orange Park)	Water Skiing
Brooks on Ice	On the Water Rowing	Wheelchair Basketball
Business Office Work Unit	Par Players	Wheelchair Rugby
Club Par	Parents Day Out	Wheelchair User Yoga
Community Outings	Parkinson's Wellness	Wheelin' Warriors
Culinary Work Unit	Pickle Ball	Zumba
Cycling	Power Soccer	

I acknowledge that I have reviewed this list of activities and understand that they are a representative list of potential activities and that they may change or be added to without notice.

Participant /Volunteer
Printed Name

Participant /Volunteer Signature

Date

If participant is a minor, I as the parent/guardian acknowledge that I have reviewed this list of activities and understand that they are a representative list of potential activities and that they may change or be added to without notice.

Parent/Caregiver/Guardian
Printed Name

Parent/Caregiver/Guardian Signature

Date

* Activities are subject to change.

Community Programs: Membership Rights and Responsibilities

Member Rights:

- To access membership regardless of race, gender, age, religion or disability
- To confidential handling of your medical records
- To develop goals for yourself and your service plan
- To be treated with dignity and respect at all times
- To be safe and protected from harm or abuse
- To attend a clean and well furnished program
- To express your opinion, wishes, and desires, and ask questions
- The right to prompt and reasonable response to questions and requests.
- To have your concerns or complaints resolved
- The right to expect service will be delivered within an ethical framework. The right to participate in ethical questions that arise in the course of service
- The right to know of any experimental, research or educational activities that are a proposed part of their participation and to give consent or refusal for such activities
- The right to express grievances regarding any violation of their rights, as stated in Florida law, through the grievance procedure of the facility providing services and to the appropriate state-licensing agency
- The right to be treated with courtesy and respect, with appreciation of their individual dignity, and with protection of their need for privacy
- My membership is voluntary and I can continue my membership for as long as I choose if: 1) Space is available, 2) Funding resources for participation are available, and 3) I abide by the following membership responsibilities

Member Responsibilities:

- Treat others with respect and dignity
- Demonstrate respect for all people to include other members, staff, players, coaches, managers, volunteers, spectators, media and officials through verbal and non-verbal behavior. No use of profanity, or obscene gestures, verbal, physical abuse or sexual harassment. No physical intimidation, violence, or fighting
- Demonstrate respect for all property through verbal and non-verbal behavior. No vandalism or theft
- No firearms or weapons at any Brooks Community Program or Brooks Rehabilitation sponsored event
- No use or possession of illegal drugs or alcohol while at the Community Program or when participating in any Community Program activities
- No leaving the program premises without notifying staff, except for the Neuro Recovery Centers
- Keeping appointments and notifying the service provider when he/she is not able to do so for any reason. Call or give advance notification to inform staff of absence



- Providing accurate and complete information about activity restrictions, present complaints, past illnesses, hospitalizations, medications and other matters relating to member's health
- Reporting unexpected changes in their condition to the responsible service provider
- Following rules and regulations regarding safety and conduct

Members who violate any of these rules may be asked to sign and abide by additional behavioral contracts. Repeated violation of these rules will result in suspension.

I am signing below to acknowledge that I have read and understand **the Community Programs Rights and Membership Responsibilities**. Your signature and date indicates you: 1) agree to the above 2) the above information you provided on this intake is true to the best of your knowledge and 3) you have received a copy of and agree to abide by the membership rights and responsibilities of Brooks Community Programs.

Participant Printed Name

Participant Signature

Date

Printed Name & relationship of family/person assisting you or guardian:

Is this individual designated as your legal guardian through the court? ☐ Yes ☐ No

*Guardian/Patient Representative
Printed Name*

*Guardian/Patient Representative
Signature*

Date

Copy of Rights and Membership Responsibilities provided: ☐ Yes ☐ No

BUS SAFETY

- Follow **ALL** driver's instructions
- Always be respectful of the driver/operator.
- Music may only be played using a cell phone or portable music device IF you are using earphones. Conversations and other noises should be kept at a level that does not disturb other passengers or the driver/operator.
- Keep your hands to yourself at **ALL** times.
- Voices must be at a volume that maintains a safe atmosphere for both the driver and the passengers.
- There are **NO** unscheduled stops (with the exception of restroom emergencies).
- **NO** food or drinks are allowed on local trips. Food or drinks will be considered on a case-by-case basis for non-local trips.
- Every rider is expected to pick up their area and remove trash prior to departing the bus.
- Please notify driver of any spills.
- Space is limited – one necessary caregiver per rider
 - ****Caregivers must be 16 years or older and are required to facilitate participation and/or safety at activity/event. Space is not available for companion riders.**
- Any participant under the age of 16 must be accompanied by an adult.
- Only those in wheelchairs are allowed to be on the lift. Nobody is ever allowed to stand on the lift.
- **ALL** passengers must wear a mask if COVID guidelines are in place.
- **ALL** passengers must wear a seatbelt and remain seated for the duration of the trip.
- **ALL** wheelchairs **must** be secured and tied down during travel.
- **ANY** misconduct will lead to bus suspension.
- Everyone riding the bus must sign a waiver.
- All riders must have pre-registered for that activity.
- Riders are expected to remain at the designated event for the duration. Leaving the event may lead to suspension and/or termination of bus privileges.
- **NO** use of tobacco or any other inhaled products allowed on or in close proximity of the bus.
- Only the bus operator or his/her designee may operate the bus and the wheelchair lift.

I have read and understand BOTH the Registration & Cancellation Policy and Bus Safety. I am aware that the strikes from both portions are cumulative (meaning any strike received for cancellations and bus safety will be added together to obtain total strikes). The first strike/offense is a warning. Each additional strike will be handled as instructed.

Participant Name

Participant Signature

Date

BUS REGISTRATION AND CANCELLATION POLICIES

WEEKLY ACTIVITY & SPECIAL EVENT REGISTRATIONS

ALL reservations for transportation are to be made on
Sign Up Genius when registering for each activity.

The bus driver will contact you with your pick-up time 1:00pm – 3:00pm
the day prior for a weekly activity OR two days prior for a special event.

CANCELLATIONS

****Please remember the importance of timely and necessary cancellations. Late cancellations and no-shows prohibit us from serving another participant who could take your spot.****

Weekly Activities & Special Events:

Please cancel your registration and transportation on Sign Up Genius.
If the sign up is closed, please call Bubba at 904-228-4543.

Occurrence Guideline

Items indicated with an **X** below are considered measurable as a “strike.”

- X** Cancellations AFTER 3:00PM the day prior to an event for weekly activities
- X** Cancellations AFTER 3:00PM 2 days prior to special events
- X** ALL rules listed on the back side are considered measurable as a “strike.”

Accountability

- 1st strike = 1 warning
- 2nd strike = 1 week suspension (can still attend event with own transportation)
- 3rd & 4th strike = 1 month bus suspension (can still attend event with own transportation)
- 5th strike = bus suspension for the remainder of the year (can still attend event with own transportation)

****Strikes will reset each January 1st and be effective for one calendar year****

Adaptive Yoga Program

The Brooks Adaptive Sports and Recreation Yoga Program focuses on enhancing the mind, body and spirit connection. Our expert instructors will lead you through your practice using postural alignment, breath control, active movement, and intentional use of your minds to more fully experience your bodies and your connection to the world around you and to each other.

Staff and volunteers are here to assist you in getting positioned comfortably in your wheelchair, on a mat or in a chair. They will help you transition to new positions as directed by the instructor using pillows, blankets, sandbags, wedges and chairs. We will focus on accommodating and adapting to your natural body position and ability.

All you have to do is show up, breathe and do yoga!

Volunteers have been instructed to:

- Never “stretch” or move a body part if they feel any resistance OR you feel pain.
- Never lift a weak or paralyzed arm above shoulder height.
- Never allow a yogi to lift their weak or paralyzed arm above shoulder height.
- Use props to support the neck, shoulders, hips, lower back, knees and ankles in a comfortable, relaxed position reflective of your body’s natural posture and your comfort needs.

Participant Name (printed)

Date

Participant Signature