

# Break the Barriers, Inc.

...where barriers are explored and broken; celebrating all levels of victories and achievements.

## Adult Student Information

(Please Print)

Adult Student \_\_\_\_\_  
First Name Middle Initial Last Name

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

*I give my consent and approval for myself to participate in activities, programs, (T.V. , radio, video taping) and to be photographed as part of Break the Barriers, Inc. endeavor to explain their role of educating the public.*

Circle One: Yes No \_\_\_\_\_ Initial

**Waiver and Release From Liability:** To Break The Barriers, Inc., I, the above named 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 arise 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 behalf of myself. Consequently, I understand and agree that any and all such costs shall be my sole responsibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Emergency Contact (Other than self)

\_\_\_\_\_  
Phone Number

.....  
**Rules Confirmation**

I have read and understand the rules at "Break the Barriers Inc. \_\_\_\_\_ Initial

.....  
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

**Grant Survey (Optional)**

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? \_\_\_\_\_  
IS THIS A SINGLE PARENT HOUSEHOLD? YES \_\_\_\_\_ NO \_\_\_\_\_  
IS THERE A DISABILITY IN THE HOUSEHOLD? YES \_\_\_\_\_ NO \_\_\_\_\_

FAMILY INCOME – PLEASE CHECK ONE

- A. 0 TO \$15,000 \_\_\_\_\_
- B. \$15,001 TO \$20,000 \_\_\_\_\_
- C. \$20,001 TO \$25,000 \_\_\_\_\_
- D. \$25,001 TO \$30,000 \_\_\_\_\_
- E. \$30,001 TO \$35,000 \_\_\_\_\_
- F. \$35,001 TO \$40,000 \_\_\_\_\_
- G. \$40,001 TO \$45,000 \_\_\_\_\_
- H. \$45,001 TO \$50,000 \_\_\_\_\_
- I. \$50,001 TO \$60,000 \_\_\_\_\_
- J. \$60,001 TO \$70,000 \_\_\_\_\_
- K. \$70,001 TO \$80,000 \_\_\_\_\_
- L. \$80,001 AND HIGHER \_\_\_\_\_

**Break the Barriers, Inc.**

8555 N. Cedar Avenue  
Fresno, CA 93720  
559-432-6292  
Fax: 559-432-5995

Account # _____
Account Name _____
Day _____ Type _____ Time _____
<b>(Office use only)</b>

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mo Day Yr

**Relationship to Student / Check One**

- Parent**
  - Foster Parent with Exparte\***
  - Legal Guardian with court papers\***
- \*Please provide office with documents

- Student's Race: (Please check)
- Caucasian
  - Asian
  - African/American
  - Hispanic
  - Native American
  - Other

**HEALTH HISTORY AND MEDICAL INFORMATION**

**Not aware of any medical problems**

Downs Syndrome ( ) yes ( ) no DS release on file \_\_\_\_\_  
 Date \_\_\_\_\_

Atlanto-axial instability by x-ray ( ) yes ( ) no

Paralysis ( ) Yes ( ) No Explain \_\_\_\_\_

- |   |   |
|---|---|
| Autism Spectrum _____                   | Asthma/RAD _____                            |
| Bleeding Issues _____                   | Bone/Joint Problems _____                   |
| Diabetes _____                          | Epilepsy _____                              |
| Fainting Spells _____                   | Head Injury _____                           |
| Hearing Difficulty _____                | Heat Issues _____                           |
| Hypothermia _____                       | Hernia _____                                |
| Heart condition _____                   | Kidney Problems _____                       |
| Severe Allergy _____                    | Serious Accident _____ Date _____           |
| Tuberculosis _____                      | Serious Illness _____ Date _____            |
| Vision Difficulty _____                 | Recent Contagious Disease _____             |
| Hepatitis _____                         | Medical Excuse for Physical Education _____ |
| Spina Bifida _____ Shunt ( ) Yes ( ) No |   |
| Cerebral Palsy _____                    | Posttraumatic Stress Disorder (PTSD) _____  |
| Touretts Syndrome _____                 | Traumatic Brain Injury (TBI) _____          |
| Anxiety Disorder _____                  | Emotional/Behavior Disorder _____           |
| Sensory Processing Disorder _____       | Social/Emotional issues _____               |
| Disability other than above _____       |   |

Other information \_\_\_\_\_  
 Explain any of the above \_\_\_\_\_

Doctors Release on File \_\_\_\_\_ Date \_\_\_\_\_

List any medications taken regularly and any special instructions regarding medical treatment:  
 \_\_\_\_\_  
 \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_