

Stomping About Program Application

Supervised Community Outings for Individuals with Intellectual and Developmental Differences (IDD) Ages 14 and above

Participant Information

Full Name: __Alexis Marie Garza_____

Date of Birth: 01__ / __26_ / ____2000_ (Must be 14 or older)

Address: __143 Pullman Rd La Vernia Texas 78121_____

Phone Number: __8302707908_____

Email (if applicable): __Alexisgarza484@gmail.com_____

Parent/Guardian Information (if under 18 or with guardian)

Full Name: _____

Relationship to Participant: _____

Phone Number: _____

Email: _____

Emergency Contact Information

Name: __Kaitlyn Borders_____

Relationship: __Best friend_____

Phone Number(s): __8304596497_____

Medical & Support Needs

Physician's Name: _____

Physician's Phone: _____

Allergies (food, medication, environmental): __mosquitos, pollen, metel nickel and red cupcake dye_____

Medications (taken during outings?): _____

Special Support Needs/Accommodations: __epilepsy_____

Mobility Assistance (wheelchair, walker, other): _____

Interests & Participation

What types of outings interest the participant? (check all that apply)

Yes ☐ Arts & Cultural Events

Yes ☐ Shopping/Errands

Yes ☐ Parks/Nature Walks

Yes ☐ Sporting Events

Yes ☐ Volunteer Opportunities

Yes ☐ Dining Out

☐ Other: __all the _____

Social/Behavioral Considerations (if any): _____

Consent & Agreements

I understand that Stomping About provides supervised group outings in the local community for individuals with IDD ages 14 and above.

I understand staff/volunteers are not responsible for personal property brought on outings.

I authorize staff to obtain emergency medical treatment if necessary.

I give permission for the participant to be photographed or filmed during activities for program use. * ☐ Yes ☐ No

Signature of Participant (if able): __Alexis Garza _____ Date: __/__/__

Signature of Parent/Guardian: _____ Date: __/__/__

Program Use Only

Date Received: __/__/__

Approved By: _____

Notes: _____