

LARC Application
Leisure and Recreational Club
PIONEER & RESOURCES
Opening Doors of Opportunity

Date _____

First Name _____ Middle Initial _____ Last Name _____ Date of Birth _____

Age _____ Nickname? _____ Do You Have a Supports Coordinator? YES NO

If yes, what is their name? _____ Phone _____

Special Interests: _____

AFC Information: Contact Name: _____ Phone: _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Do you drive? YES NO

Do you use public transportation? YES NO Do you have a felony conviction? YES NO

If yes, please describe: _____

Currently on probation? YES NO If yes, name of probation officer: _____

Reasons why I might get upset: _____

Are there any medical conditions/allergies we need to be aware of? _____

Parent/Guardian Name: _____ Address _____

City, state, zip _____ Phone: _____ Email _____

Emergency Contact if different than Parent/Guardian: _____ Phone: _____

Disability: (Check all that apply)

Ethnicity: (please check)

- Cognitive Impairment/Developmental Disabled (CI/DD)
- Mentally Ill (MI)
- Dually Diagnosed
- Autism
- Other:

- Asian
- Hispanic/Latino
- White
- Native American/Alaskan Native
- Black African American
- Native Hawaiian/Other Pacific Islander
- Two or more races
- Other

Mobility: (Check all that apply)

- Walks without assistance
- Walks with an assistive device
- Uses a wheelchair

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Applicant's Name: _____

Person making the referral: _____

Title: _____ Contact information: _____

If personal care assistance will be needed, briefly describe: _____

If Behavioral supports will be needed or requested, briefly describe: _____

Date of last Person Centered Plan, Individual Education Plan (IEP) or other individualized plan of service: _____

I acknowledge that there are risks when participating in any recreational or leisure activity and assume responsibility for my participation in events. I understand that the Leisure and Recreation Club (LARC), an organization and/or club members shall not be held responsible for injury incurred during a club meeting or event. I agree that as a club member, I will adhere to standards set forth in the club by laws. Furthermore, if I require assistance, I will provide my own personal care attendant for the activity, at my own cost and risk.

Signature of Member/Guardian _____ **Date** _____

Print Name of Member/Guardian _____

I hereby allow the release of my photo/name for marketing and documentation purposes. YES NO

Signature of Member/Guardian _____ **Date** _____

Print Name of Member/Guardian _____

I would rather have my LARC Calendar emailed to me. YES NO

My email address is: _____

Marking **YES** means you will not receive a paper copy of the LARC calendar in your mailbox, but will receive your calendar in your email. You can change this anytime by calling us at 231.773.5355 or emailing recreation@pioneerresources.org.