



bloomskillscentre.com

1036 Waterbury Cres.
Kingston, ON
K7M 8V5

343-363-0433
info@bloomskillscentre.com

PARTICIPANT REGISTRATION FORM

PARTICIPANT INFORMATION

Full Name

Preferred Name and Pronouns

Date Of Birth / /

Address

Phone Number E-Mail :

PARENT/GUARDIAN INFORMATION

Name of Parent or Legal Guardian #1

Address of Parent or Legal Guardian#1

Contact Phone Numbers of Parent or Legal Guardian #1

Name of Parent or Legal Guardian #2

Address of Parent or Legal Guardian#2

Contact Phone Numbers of Parent or Legal Guardian #2

EMERGENCY DETAILS

Emergency Contact	<input type="text"/>	Health Card Number	<input type="text"/>
Relationship to Participant	<input type="text"/>	Family Doctor	<input type="text"/>
Phone Number(s)	<input type="text"/>	Doctor's Phone Number	<input type="text"/>

Participant (18 or over) or Legal Guardian Initials



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HEALTH AND WELLNESS

Participant's Exceptionality Diagnosis (es). Please attach any information that would be helpful to make modifications for the participant. If you wish to share, I.E.P.'s or other documentation is welcome. (optional)

Participant's known Allergies.

Does Participant carry Epi-pen?

Does the participant experience seizures?

Participant's Adaptive Devices.

Is there any additional information we should know about the participant's health and wellness?

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COMMUNICATION

Please describe the Participant's method (s) of communication, both expressive and receptive.

EATING INFORMATION

Does the Participant have dietary restrictions or concerns?

Any additional information?

ADAPTING TO ENVIRONMENT

Please describe any adjustments and antecedents that are important for the Participant.
Please include any triggers, management tactics, stressors, fears, struggle with change, sensory reactions, likes or dislikes, stims, or actions, that would be helpful to understand and in making it a more inclusive and welcoming environment.

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LIKES AND INTERESTS

Please share the Participant's likes and interests. We would love to know what they love!

ADDITIONAL INFORMATION

Any additional thoughts or information you would like to add.

I understand that there each event may have a cost associated with it and that a participant isn't considered registered to the event until payment is complete. If cancellation happens within 48 hours of the event, Bloom has the right to not issue refunds due to late cancellation.

I understand all of the information and questions provided by the Bloom Skills Centre and have given the necessary instruction to support the participant in their success of the program.

Parent or Legal
Guardian
Signature



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ACTIVITY WAIVER FORM

This ACTIVITY WAIVER FORM ("this Agreement") dated this _____ day of _____

BETWEEN:

_____ on behalf of _____
the "Legal Guardian/Participant" the "Participant"

AND

The Bloom Skills Centre of 1036 Waterbury Cres., Kingston, ON, K7M 8V5 (with physical locations at 100 Days Rd. and 670 Front Rd, Kingston ON)
(the "Activity Provider")

IN CONSIDERATION OF the covenants and agreements contained in this AGREEMENT and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties to this Agreement agree as follows:

CONSIDERATION:

1. Being the lawful guardian of the Participant, and in consideration of the Participant being permitted to participate in the activity described below, on behalf of the Participant, the Legal Guardian releases and forever discharges the Activity Provider, it's owners, directors, officers, employees, agents, assigns, legal representatives, and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the activity described below, and not withstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the Activity Provider.
2. The Legal Guardian understands that the Participant would not be permitted to participate in the activity described below unless the Legal Guardian signed this Agreement.

DETAILS OF ACTIVITY

3. Commencing on _____, the Participant will participate in the following activity: Cosmos Club Social Activity Program, which includes but is not exclusive to:
 - Physical movement and sport activities, including but not exclusive to bowling, mini putt, trampolines, hiking, gardening, dancing, swimming, drumming, etc.
 - Various experiences involving travel on trolleys, busses, boats, cars, etc.
 - Using a variety of utensils and tools when preparing and serving food, including cutting, scraping, puncturing, and burning
 - Potential tripping hazards

CONCURRENT RELEASE

4. The Legal Guardian acknowledges that this Agreement is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant and with the intention of binding the Participant's heirs, executors, administrators, legal representatives, and assigns.

FITNESS TO PARTICIPATE

5. The Legal Guardian acknowledges that the Participant has disclosed any physical limitations, medical ailments, or physical or mental disabilities that would affect the Participant's participation in the above mentioned activity.



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ACTIVITY WAIVER FORM

FULL AND FINAL SETTLEMENT

6. The Participant/Legal Guardian hereby acknowledges and agrees that the Participant/Legal Guardian has carefully read this Agreement, that the Participant/Legal Guardian fully understands the same, and that the Participant/Legal Guardian is freely and voluntarily executing the same.

7. The Participant/Legal Guardian understands that by signing this Agreement, the Participant will be forever prevented from suing or otherwise claiming against the Activity Provider, both Bloom Skills Centre and the City of Kingston for any property loss or personal injury that the Participant may sustain while participating in or preparing for the above noted activity.

8. This Agreement contains the entire agreement between the parties to this Agreement and the terms of this Agreement are contractual and not a mere recital.

GOVERNING LAW

9. This Agreement will be governed by and construed in accordance with the laws of the Province of Ontario.

IN WITNESS WHEREOF the Legal Guardian and Activity Provider have duly affixed their signatures on this

_____ day of _____

Bloom Skills Centre represented by Executive Director, Amber Potter

_____ Participant/Guardian of _____

Participant/Guardian
Signature

Participant's Name



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PHOTO CONSENT FORM

We are very excited to be sharing the growth of our participants as they develop new skills in our programs. We would love to take pictures to record some of the fun and successes that they have. We would be grateful to have permission to share some of these moments on our different social media and newsletters so others may be encouraged to join the program as well. However, we do respect privacy if you so desire. To help us know what we are able to share, please fill out the form below.

Participant Name: _____

I hereby give permission for:

Posting Photographs on:

Facebook Yes No

Instagram Yes No

Website Yes No

Newsletter Yes No

Tik Tok Yes No

Marketing Yes No

Mentioning names along with our photographs Yes No

Additional Notes:

I give consent for photos and information to be used by the Bloom Skills Centre as mentioned above.

Legal Parent/Guardian

Date



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PARTICIPANT REGISTRATION FORM

EMERGENCY INFORMATION SHEET

Name

Address

D.O.B.

Phone Number

Blood Type

Emergency Contact and Phone Number

Family Doctor

MEDICAL ALERT

List of Diagnosis and Important Information for First Responders.

List All Allergies including Food, Drug, and Environmental.

All prescribed medications, including name and dosages.

All over the counter medications, including name and dosages.

All vitamins, herbal supplements or naturopathic/homeopathic medicine, including name and dosages.

List of past surgeries and year of surgery



BLOOM SKILLS CENTRE

Where Will exists, Skill can grow.

Participant Handbook.

BLOOMSKILLSCENTRE.COM





WELCOME MESSAGE

Welcome To Bloom Skills Centre

Bloom Skills Centre is a non-profit organization focused on education and skills development. We provide unique programming for young adults aged 18-30, with intellectual and developmental exceptionalities, who wish to work towards greater independence and future employment.

We are very excited that you are interested in joining our programs. We believe that the best way we can work together is with clear communication. This Handbook outlines our policies for our organization, and will help provide a clear understanding of what is required to work together.

VISION

Our Vision is simple: Where Will exists, Skill can grow.

This means that when people show up with a willingness and openness to work together and learn, they can develop a world of new skills, regardless of their exceptionalities. We all have areas of strength and we all have areas of opportunity. We try and utilize the areas of strength to improve our areas of opportunity.

MISSION

Our mission is to offer accessible skills training and learning opportunities for young adults with intellectual and developmental exceptionalities. We understand that continued learning leads to greater independence and employment possibilities. In the right conditions, everything blooms in its own time.



WE VALUE OUR BLOOM SKILLS TEAM

CENTRE 70

LOCATION

Our current skill programs are both located at the corner of Days Rd. and Front Rd. in Kingston, ON

CommUnity Café Program- Centre 70 Sports Complex, 100 Days Rd. Kingston

Birds, Bees, and Butterflies Program- Lakeside Community Garden, 670 Front Rd. Kingston

We have our newly added social program, the Cosmos Club, that hosts activities all over Kingston.

CORE VALUES

We treat each other with **respect**, **dignity**, and **compassion**

We build relationships on **honesty**, **trust**, and **integrity**

We embrace our **diversity**

We are committed to **inclusion**, **acceptance**, and **unity**

We encourage **innovation** through **empowerment**

We create **independence** through a learning environment



Bloom, Participants, and Parents: A Recipe for Success

It has been our experience when supporting our participants, that the role of a parent or caregiver is vital. It requires the right balance of support but also letting go. All of our participants are over the age of 18, which means that they are legal adults and unless a caregiver has legal Power of Guardianship, we need the participant's permission to share information with you. This means that any information that we send home or share, including this workbook, needs to be known, understood and approved by the participant.

In addition, the key factor to success in our programming is willingness. This has to come from the participant. Many parents and caregivers want their loved ones to enter our programming however, if the participant doesn't want to be there, it is never successful and can be disruptive for those that do come to learn. We want our participants to be successful and that starts at entry.

BLOOM SKILLS CENTRE

POLICIES

Our policies are designed for your wellness and the wellness of the entire team at Bloom Skills Centre. Please review our policies and requirements for program participation. Ask for help from a parent or guardian if there are any that you don't understand.

Personal Care Skills

- I can navigate the washroom with complete independence. If not, I will be assisted by my support worker that will accompany me during activities.
- I have good hygiene and commit to keeping my nails trimmed and clean and thoroughly bathing and grooming myself on a regular basis. This includes brushing teeth, washing hair, and using deodorant
- I will ensure that I am diligent about avoiding any undesirable habits including nail biting, nose picking, and inappropriate self-touching.
- I understand that the Bloom Skills Centre has a dress code for my safety when working, and I will follow the Bloom Skills Centre Dress and Hygiene Code as follows:
 - i. Not acceptable: Shirts with offensive/inappropriate language and/or graphics; Shirts that allow others to see the stomach, undergarments or cleavage; Shirts/tops that have shoulder straps that are less than 1" wide; Pants that show underwear or are not secured at the waist (in other words no "sagging"); Shorts or skirts that are more than 3" above the knee; Dangling jewelry of any type (includes body piercings). Many of our activities involve movement and so wearing clothing that is comfortable and easy to move around in is the best choice for participants.

Self-Help Skills

- I am able to self-regulate with independence and have a number of self-regulation strategies that I can use when I feel frustrated, sad, anxious or angry.
- I commit to asking for help and support when I feel that I need guidance and am facing a challenging situation.
- I have not demonstrated any self-injurious behaviour in the past two years. I commit to not using self-injurious behaviour in the program and if there is an issue, I will ask for help and let a staff member know I am upset.
- I have not demonstrated any behaviour that is injurious, violent, or inappropriate to others in the past two years. I commit to not using injurious, violent, or inappropriate behaviour towards others and I will ask for help and let a staff member know if I am upset.

BLOOM SKILLS CENTRE

POLICIES CONTINUED

Social Skills

- I am keen to connect with other people in an appropriate fashion and commit to continuing to build on my relationship cultivation and management skills.
- I accept others for who they are.
- I commit to doing my best to be responsive and amenable if plans change.
- I am eager to learn and be part of a team. This will need my full attention so I will leave my phone turned off and put away while in the program.
- I understand that I am part of a team where others are also trying to work or learn. I will not participate in yelling, verbal taunting, or other behavior that could disturb other team members
- I will only speak kindly to others and not spread rumors, slander, gossip and/or lies. I will not use abusive language, profanity, obscene gestures, or other improper behavior. I understand that if the staff of Bloom Skills Centre feel that I am a threat to myself or others, I might be asked to leave the program.

Collaboration Skills

- I recognize that I am a part of a team at Bloom Skills Centre and will strive to have consistent attendance for the activities that I register for. Exceptions to this are periods of illness, or extreme weather.
- If I am going to be absent, I will notify the Bloom Skills Centre Coordinator at least 48 hours before my next scheduled time to be at the program.
- I will be punctual and on time for programming.
- I will work positively and supportively with others.

BLOOM SKILLS CENTRE

POLICIES CONTINUED

Medical Needs/Illness

- I do not have a medical condition that requires support from a trusted adult. If I do, I will be responsible for providing appropriate accompaniment for my needs.
- If I do have a medical condition, I am able to confidently and capably navigate my needs with independence and/or support from my accompaniment.
- Bloom Skills Centre will be transparent in posting potential barriers for each event. I understand that there may be some restrictions and limitations to some of the events that I can participate in but that Bloom will ensure that a large portion of all events are accessible to as many people as possible.
- When ever I have ANY newly developed symptoms of illness including but not exclusive to: sore throat, cough, sneezing, runny nose, fever, headache, body aches, abdominal pain, vomiting or diarrhea, or a general feeling of unwellness, I will stay home, letting the team at Bloom Skills Centre know that I won't be in attendance.
- I also understand that if any signs of illness begin when I am at the program, I will need to immediately go home and will not be able to return until symptoms are gone.
- If I contract COVID 19, I will comply to the policy of Bloom Skills Centre which states that I cannot return to the program for at least 10 days after my symptoms first begin, and I will wear a properly fitting N95 mask until 15 days after my first symptoms. If symptoms persist after the 10th day of the first sign of symptoms, I won't return until they are gone.
- If someone in my household contracts COVID-19, I will stay home until all members of my household are passed 10 days of their first COVID symptoms.
- I understand that if the Coordinator or Counsellors suffer from illness, the program might not run until they are recovered.

Accidents/Injuries

- I understand that if an accident or injury happens, I will let one of the staff know that I am hurt. They will provide basic first aid but if I need emergency care, they will call 911, and paramedics will take me to the hospital. If an accident or injury requires treatment by a physician, but is not considered to be life threatening, my parent/guardian/emergency contact will be called to take me for treatment. In the event this person is not available, the staff will arrange transportation (if necessary) to medical services

BLOOM SKILLS CENTRE

POLICIES CONTINUED

Emergency Contacts

If I move, or if my parents/guardians move, get new phone numbers, or have a new email address, I will notify Bloom Skills Centre and update my emergency contact information so that they can reach the people who care about me if there is an emergency.

Safety Regulations

- I will participate in safety and evacuation drills.
- I will wear safety equipment when required. Bloom Skills Centre will provide the equipment.
- I won't participate in running, "horseplay", scuffling or other activity that could harm or endanger myself or others.
- I will not operate machinery and/or tools without proper training.
- I will operate machinery in a safe manner.
- I will report accidents to your supervisor or staff immediately.
- I will not leave the activity for any reason without notifying my supervisor or staff member.
- I will not participate in any illegal behaviour including: theft, alcohol or drug use, or destruction of property.

Money and Valuables

- I will not bring more money than I need for each day. I understand that Bloom Skills Centre cannot be responsible for money or valuable items I bring to the program. Bloom Skills Centre recommends a limit to the money I bring to the program of \$20 unless otherwise specified. If a piece of jewelry cannot be replaced (family heirloom, etc.) or if it is very valuable, it is recommended that I do not wear this piece of jewelry to Bloom Skills Centre.

Severe Weather

- I understand there may be occasional days where severe weather might affect programming. I will be notified by the staff of Bloom Skills Centre if there are any closures.

BLOOM SKILLS CENTRE

POLICIES CONTINUED

I understand that there may be issues and/or circumstances that arise outside of these policies and guidelines. I understand that Bloom Skills Centre will try to accommodate and support me in these scenarios, however, Bloom Skills Centre reserves the right to end my enrollment in the program if a resolution cannot be found.

Participant's Printed Name

Date

Participant Signature
(or Legal Guardian)

Date

Executive Director

Date