REGISTRATION IS REQUIRED AND SPACES ARE LIMITED
Please contact us for registration form and more information at:
PMR-UMAISETR@UMICH.EDU
REGISTRATION INFORMATION

Participant’s Name: ___________________________ Date of Birth: ___________________________

Parent/Guardian Name (if under 18 yo): ___________________________

Best Contact ph #: ___________________________ Email Address: ___________________________

Additional Emergency Contact(s)/Relation: ___________________________

Participant or Parent/Guardian address: ___________________________

Mobility/Level of injury/Diagnosis Considerations (to ensure appropriate boating accommodations):

Allergies: ___________________________

Can participant: Breathe Independently (i.e. not require medical devices to sustain breathing)? YES ___ NO ___

Independently maintain sealed airway passages under water (mouth and lips closed)? YES ___ NO ___

Independently correct head position in water (with assistance of life vest)? YES ___ NO ___

Follow instructions and effectively communicate independently or with assistance of a companion? YES ___ NO ___

In the event that I am unavailable, I authorize Michigan Medicine staff to seek medical treatment for me/my child.

YES ___ NO ___ Initial Here: ______________

PCP/Pediatrician name and phone number: ___________________________

**We utilize Mobilize for communication (app available for iPhone/Android; also works with text message or email)

Phone Number (if different than above): ___________________________ Email (if different than above): ___________________________

I authorize UMAISE representatives to contact me via mobilize/email/text message: YES ___ NO ___

Session Preferences (Please indicate 1st, 2nd, 3rd choices for each area below)

*preferences not guaranteed*

Time:

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<tr>
<th>9:00 AM – 10:00 AM</th>
<th>10:00 AM – 11:00 AM</th>
<th>11:00 AM – 12:00 PM</th>
<th>12:00 PM – 1:00 PM</th>
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Date:

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<tr>
<th>5/19/18</th>
<th>6/16/18</th>
<th>7/14/18</th>
<th>7/28/18</th>
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Are you interested in participating in more than one clinic, if spots are available*? YES ___ NO ___

*NOTE: Clinic preference will be given to new participants, and then open to repeat participants.

A UMAISE Representative will confirm your date and time with you, following registration.

Signature of participant or Parent/Guardian (if under 18 yo) ___________________________ Date ___________________________

Please return completed applications to: PMR-UMAISETR@UMICH.EDU