



Specialized Recreation Services Program Participation Form

Participant Name: _____ Birth date: _____ Gender: _____

Address: _____ City/State: _____ Zip: _____

Participant Phone: _____ Email: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Additional Contact Numbers: _____ Email: _____

Emergency Contact Other than Parent/Guardian: _____

Relationship to Participant: _____ Phone: _____

DISABILITY INFORMATION

<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Psychiatric Disability
<input type="checkbox"/> Autism (ASD)	<input type="checkbox"/> Head Injury	Type: _____
<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Mobility Impaired	<input type="checkbox"/> Vision Impaired
<input type="checkbox"/> Other: _____		

MEDICAL CIRCUMSTANCES

<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting	<input type="checkbox"/> Seizures *please see below
<input type="checkbox"/> Allergies *please see below	<input type="checkbox"/> Heart Condition	type: _____
<input type="checkbox"/> Contagious Disease	<input type="checkbox"/> Dietary Restrictions:	frequency: _____
<input type="checkbox"/> Diabetes	type: _____	triggers: _____

*Allergy Type / Signs: _____

Instructions: _____

Does participant use an Epi Pen? _____ **If yes, please complete the appropriate Medication Permission Form.**

*Seizure Instructions: _____

Please list any other health concerns or conditions staff should be aware of: _____

Medication Information

Please list any medication the participant is currently taking (including asthma inhalers):

****Please make staff aware if participant will require medication during a specific program. If medications need to be administered during program hours, please complete the appropriate Medication Permission Form.**

GENERAL INFORMATION

- How does the participant relate to peers?

<input type="checkbox"/> not at all	<input type="checkbox"/> with prompting	<input type="checkbox"/> freely, without prompting	<input type="checkbox"/> inappropriately
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- Please select all that apply for participant's social behavior:

<input type="checkbox"/> shows interest in others	<input type="checkbox"/> takes no interest in interacting with others
<input type="checkbox"/> will interact cooperatively with others	<input type="checkbox"/> can identify and be responsible for belongings
<input type="checkbox"/> is tolerant of others	<input type="checkbox"/> will play/interact cooperatively in a group
<input type="checkbox"/> will sit quietly to watch a program/etc.	<input type="checkbox"/> is aware of safety concerns when out in the community (traffic, staying with group, etc.)
- What type of instruction works best with the participant?

<input type="checkbox"/> direct instruction	<input type="checkbox"/> playful instruction	<input type="checkbox"/> simple (1-2 step)	<input type="checkbox"/> complex (4+ steps)
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- What level of supervision does the participant require? *please note ratio required to participate in specific program

During transitions:	<input type="checkbox"/> 1:1	<input type="checkbox"/> Minimal (1:2 or 1:3)	<input type="checkbox"/> Small Group (1:4 or 1:5)
During structured time:	<input type="checkbox"/> 1:1	<input type="checkbox"/> Minimal (1:2 or 1:3)	<input type="checkbox"/> Small Group (1:4 or 1:5)
During unstructured time:	<input type="checkbox"/> 1:1	<input type="checkbox"/> Minimal (1:2 or 1:3)	<input type="checkbox"/> Small Group (1:4 or 1:5)
In the community:	<input type="checkbox"/> 1:1	<input type="checkbox"/> Minimal (1:2 or 1:3)	<input type="checkbox"/> Small Group (1:4 or 1:5)
On field trips:	<input type="checkbox"/> 1:1	<input type="checkbox"/> Minimal (1:2 or 1:3)	<input type="checkbox"/> Small Group (1:4 or 1:5)
While swimming:	<input type="checkbox"/> 1:1	<input type="checkbox"/> Minimal (1:2 or 1:3)	<input type="checkbox"/> Small Group (1:4 or 1:5)

5. Are there any circumstances in which the participant may become injurious to self and/or others? ____ yes ____ no
If yes, please explain. _____
6. Does the participant have a current Behavior Modification/Intervention Plan? _____
 If yes, are you willing to share this with staff, so that we may provide consistency? _____
7. Does the participant get excited, frustrated or agitated easily? ____ yes ____ no
 If yes: what are the triggers and indicators? _____
8. What is the best method of discipline or reinforcement? _____
9. Will the participant wander from the group? ____ yes ____ no Will the participant run from the group? ____ yes ____ no
10. Please indicate the ability level of the participant in the following:
- | | | | |
|-------------------------------|---|---|---|
| Dressing / Undressing: | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimal Assistance | <input type="checkbox"/> Close Assistance |
| Feeding self / eating habits: | <input type="checkbox"/> Independent | <input type="checkbox"/> Minimal Assistance | <input type="checkbox"/> Close Assistance |
| Handling Money: | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs Assistance | <input type="checkbox"/> Has no Understanding |
| Toileting: | <input type="checkbox"/> Toilet trained | <input type="checkbox"/> Occasional accidents | <input type="checkbox"/> Not toilet trained |
11. List any special interests the participant may have: _____
12. List any strong dislikes/fears/sensitivities the participant may have: _____
13. What type of communication does the participant primarily use (verbal, sign, written)? Please provide unique signs, sounds, works, etc.: _____
14. What type of classroom does (did) the participant attend? _____
15. Does the participant spend any portion of the day in a general education setting? If yes, what portion? _____

AQUATIC INFORMATION

Please check YES or NO for each question.

In Pool, with lifeguards present:

16. Participant is comfortable in shallow water. (i.e.: waist deep). ____ yes ____ no
17. Participant is afraid of swimming. ____ yes ____ no
18. Participant can not swim and requires floatation device at all times. ____ yes ____ no
19. Participant can swim, but parent requests use of floatation device at all times. ____ yes ____ no

Participants *must* pass a swim test, before gaining entry to the deep area, including slides and diving boards.

Participants who do not take (or do not pass) the test *MUST* remain in the shallow end at all times.

20. Participant can swim and has my permission to take swim test. ____ yes ____ no
21. Participant has a history of seizures. ____ yes ____ no

****Our seizure policy requires that participants with a history of seizures remain within arm's reach of a staff member at all times. Please indicate (above) whether or not the participant must remain in floatation or in the shallow end.**

In an ocean or lake

Our policy requires that all participants and staff swimming in lakes or oceans wear a Coastguard-approved Personal Floatation Device at all times.

SUNBLOCK / INSECT REPELLANT INFORMATION

Please apply sun block and/or insect repellent to all participants prior to them participating in programs. Only with parent/guardian permission, will staff apply sun block and/or insect repellent to your participant during our program. We suggest that you send your own sun block/insect repellent to be applied. If the products are not supplied by the parent/guardian, Raleigh Parks and Recreation staff will provide and apply sun block/insect repellent to the participant as determined necessary.

I give permission for Raleigh Parks and Recreation staff to provide and apply sun block/insect repellent to said participant at their discretion. ____YES ____NO Parent/Guardian/Participant Initials _____

Parent/Guardian Agreement

1. I acknowledge every effort will be made to contact parent/guardian in the case of medical emergency. If I cannot be reached, I authorize the City of Raleigh program staff to seek appropriate medical (physician, dentist, nurse, etc.) to care for the above participant.
2. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be given during the program.
3. I give permission for the above participant to be transported in vehicles provided by the City of Raleigh.
4. Pictures and video may be taken of the above participant while participant in City of Raleigh activities and may be used solely for program publicity.
5. I will notify the Director of Specialized Recreation Services if the above participant should contract a contagious disease. NOTE: this information will remain confidential.
6. The Specialized Recreation Program reserves the right to release the participant from the program if, after a trial period, circumstances reflect that it is not the participant's or program's best interest to continue in the program
7. By signing below, I acknowledge the above participant is physically capable of participant in recreational activities.
8. I agree to abide by the Raleigh Parks and Recreation Department's late policy and will pay any fees incurred. I understand that a copy of this policy will be provided to me at my request.
9. I understand that renewal of this form is required annually for the above participant to participate in Specialized Recreation programs. During the 1 year term of this form, I agree to notify staff of changes to any information, prior to participation.
10. I understand that there may additional forms required for overnight trips, medication, etc. as requested by Specialized Recreation Services.

Release and Indemnity Statement

I understand that participating in the recreational program(s) selected involves risk of injury. These risks include weather, accidents while travelling, equipment problems or failures, contact with and action of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or my child to participate in the selected program(s) despite these risks.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility for injury, illness, or death in any way connected with participation in the program(s). I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of teachers and supervisors of the program. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrator to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind for the City, its employees, or its agents for illness, injury, or death resulting from this program. If I am registering a child for this program, I agree that I am the parent, legal guardian or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participating in the program(s). I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney fees, if a suit is filed concerning an injury, illness, or death to me or my child resulting in participation in the program(s). I understand that the City of Raleigh provides no insurance coverage for me. I have read this document thoroughly and that by signing this form I am waiving my legal rights.

Participant Name

Parent/Guardian Signature

Date

Participant Signature (if own guardian)

****All pages must be completed, with signature on page 3 before submitting to Parks & Recreation staff.****

