

Participant Information Request Form Specialized Recreation and Inclusion Services



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: _____

HEALTH INFORMATION

_____ Allergies*, type/signs: _____

_____ Asthma*

_____ ADD / ADHD

_____ Autism Spectrum Disorder (Asperger's, HFA, PDD)

_____ Cerebral Palsy or other Mobility Impairment: _____

_____ Diabetes*, type: _____

_____ Down Syndrome

_____ Emotional/Behavioral Disability, type: _____

_____ Epilepsy/Seizures*, type/frequency/triggers: _____

_____ Hearing Impairment, list accommodations: _____

_____ Heart Condition*, type: _____

_____ Intellectual/Developmental Disability

_____ Learning Disability

_____ Mental Health condition, type: _____

_____ Sensory Integration/Processing Disorder

_____ Speech Impairment

_____ Traumatic Brain Injury

_____ Vision Impairment, list accommodations: _____

_____ Other: _____

*For any condition starred above, please attach appropriate instructions or care plan.

For Dietary Restrictions, note type/description: _____

MEDICATION INFORMATION

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

*A Medication Administration Form is required for any participant who will take medication during a scheduled program.

SCHOOL INFORMATION (if applicable)

Classroom type (regular, separate) and grade: _____

Special Education Services: _____ none; _____ Resource; _____ Self-contained classroom; _____ Speech/Lang therapy;

_____ Occupational Therapy; _____ Physical Therapy; _____ Counseling; _____ Orientation/Mobility; _____ Other

Parent/guardians are invited – but not required – to share a copy of the participant's IEP or Behavior Intervention Plan.

GENERAL INFORMATION

Approved January 2014

Assistance

1. What type of direction/instruction works best with the participant?

- demonstration visual (picture, sample) verbal, 1-2 step complex verbal

2. What type of assistance is needed when handling money? _____

3. Does the participant need an accommodation or assistance with any of the following personal care needs?

- Dressing /Undressing: _____ no _____ yes; please describe _____
Eating skills: _____ no _____ yes; please describe _____
Bathroom skills: _____ no _____ yes; please describe _____
Other hygiene: _____ no _____ yes; please describe _____

4. Describe the participant's mobility:

- _____ Physically independent
_____ Physically independent except for certain conditions (rough terrain, stairs, inclines, etc.)
_____ Uses mobility equipment, type: _____
_____ Lift-equipped vehicle is needed for transportation

Behavior

5. Please check any that may occur:

- | | | |
|---|---|--|
| <input type="checkbox"/> Social/talkative | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Throws objects when upset |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Short attention span | <input type="checkbox"/> Hurtful to others |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> High activity level | <input type="checkbox"/> Eats non-edibles (pica) |
| <input type="checkbox"/> Shy/quiet | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Reluctant | <input type="checkbox"/> Easily discouraged/upset | <input type="checkbox"/> Spits |
| <input type="checkbox"/> Keeps to self | <input type="checkbox"/> Excitable | <input type="checkbox"/> Causes harm to self |
| <input type="checkbox"/> "Stims" (repetitive behaviors) | <input type="checkbox"/> Refuses activity/participation | <input type="checkbox"/> Verbally threatening |

6. Please describe any behavior(s) checked above: _____

7. Please list any warning signs or triggers that may occur before any inappropriate behavior: _____

8. Please list successful calming techniques: _____

9. Please check any helpful behavior management techniques:

- _____ Use firm voice
_____ Offer expected sequence (first _____, then _____)
_____ Use visual cues (i.e. touch chair when asking to sit down)
_____ Give transition cues prior to changing activities or routine
_____ Use "wait time" or provide timer/count down
_____ Use reward system; describe: _____
_____ Other: _____

List any situations that should be avoided: _____

**Please note that all participants, including those receiving services through Specialized Recreation and Inclusion Services, are expected to follow the City of Raleigh Parks, Recreation and Cultural Resources Behavior Management Policy.

Communication

10. How does the participant understand information? (Verbally, sign language, pictures, demonstration)

11. How does the participant communicate information? (Verbally, sign language, pictures, gestures/pointing)

12. Will the participant seek help? ___yes; ___no
If yes, in what way? _____

Preferences

13. List any special interests or favorites the participant may have (activities, food, toys, songs, etc.):

14. List any strong dislikes/fears/sensitivities the participant may have (noises, storms, foods/tastes, animals, etc.):

Safety and Supervision

15. Will the participant wander and/or run from the group? ___yes; ___no
If yes, under what conditions? _____

16. What level of supervision does the participant require in the following situations?

- | | | | |
|--|------------------------------|--|--|
| Community/field trips: | <input type="checkbox"/> 1:1 | <input type="checkbox"/> Minimal (1:3 ratio) | <input type="checkbox"/> Small Group (1:5 ratio) |
| Nature walks/hikes: | <input type="checkbox"/> 1:1 | <input type="checkbox"/> Minimal | <input type="checkbox"/> Small Group |
| Pool/swimming: | <input type="checkbox"/> 1:1 | <input type="checkbox"/> Minimal | <input type="checkbox"/> Small Group |
| Transitions: | <input type="checkbox"/> 1:1 | <input type="checkbox"/> Minimal | <input type="checkbox"/> Small Group |
| Using program supplies:
(glue, paint, scissors, etc.) | <input type="checkbox"/> 1:1 | <input type="checkbox"/> Minimal | <input type="checkbox"/> Small Group |

Social Skills

17. How does the participant relate to peers?

- | | | |
|---------------------------|----------------------------|------------------------|
| ___ observes others | ___ tolerates interactions | ___ shares/takes turns |
| ___ initiates interaction | ___ cooperates | ___ converses |

18. Will the participant sit quietly with the group for a program/movie/demonstration? ___yes; ___no

19. How does the participant relate to authority?

- | | | | |
|-------------|------------------------|-------------------|---------------|
| ___ listens | ___ follows directions | ___ needs choices | ___ resistant |
|-------------|------------------------|-------------------|---------------|

This completed form is considered current for up to one year following the signature date.

Optional Release of Information

___ I authorize staff in Specialized Recreation and Inclusion Services to contact the participant's teacher (or other identified service provider) for more information about the participant.

Teacher/Service Provider Name: _____

Phone: _____ Email: _____

Teacher/Service Provider Name: _____

Phone: _____ Email: _____

Additional Information

All participants served by Specialized Recreation and Inclusion Services agree to follow **City of Raleigh policies** (Behavior Management, Confidentiality, Dress Code, Electronic Devices, Food, Illness/Injury, Late Pick-up, Personal Care, Photography/Video Waiver, Refunds) which can be found in the Summer Camps brochure, or by requesting a copy from Specialized Recreation and Inclusion Services at 919-996-6640.

1. In the case of medical emergency, the City of Raleigh program staff will seek appropriate medical care for the participant. Unless a parent/guardian is present, EMS or emergency responders will provide the necessary care and make decisions regarding transport to a hospital.
2. Only those medications which are medically necessary, and cannot be scheduled outside the hours of the recreation program, will be given during the program. Additional forms must be submitted as required.
3. The participant may be transported in vehicles provided by the City of Raleigh for program activities.
4. Pictures and video may be taken while participating in City of Raleigh activities, and can only be used by Raleigh Parks, Recreation and Cultural Resources.
5. The program supervisor or camp director should be notified if the participant has (or contracts) a contagious disease. This information will remain confidential.
6. The participant is capable of participating in the recreational programs/activities for which they are registered.
7. There may be additional forms required for participation, as requested by Specialized Recreation and Inclusion Services.
8. *For Specialized Recreation programs/camps only*, staff reserve the right to release the participant from the program if circumstances occur that are not in the participant's or program's best interest. Circumstances include, but are not limited to, safety concerns or extensive behavior support needs.
9. *For Specialized Recreation programs/camps only*, annual renewal of this form is required to participate in these programs/camps. Notify Specialized Recreation and Inclusion Services of any changes during the cycle year.

Release and Indemnity Statement

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks. By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. 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 the 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 administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a 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 participation in the program. 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's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

Participant or Parent/Legal Guardian Name (printed)

Participant or Parent/Legal Guardian Signature Date