

# ADAPTIVE RECREATION PROGRAM ENROLLMENT FORM

## **PARTICIPANT INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH/AGE: \_\_\_\_\_ SEX: ( M / F )

TELEPHONE (DAY/EVENING): \_\_\_\_\_

PRIMARY DISABILITY/DIAGNOSIS: \_\_\_\_\_

DATE OF ONSET: \_\_\_\_\_

SECONDARY/DISABILITY/DIAGNOSIS (IF ANY): \_\_\_\_\_

SCHOOL/WORKSHOP/EMPLOYER: \_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

## **EMERGENCY INFORMATION**

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRIMARY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

