

# 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: \_\_\_\_\_

## HEALTH INFORMATION

AMBULATORY: ☐ YES ☐ NO      VERBAL: ☐ YES ☐ NO

SEIZURES: ☐ YES ☐ NO      TYPE: \_\_\_\_\_

COMMUNICABLE DISEASE: ☐ YES ☐ NO      TYPE: \_\_\_\_\_

DIETARY RESTRICTIONS: \_\_\_\_\_

SPECIAL EQUIPMENT (WHEELCHAIR, HEARING AIDS ETC.): \_\_\_\_\_

COMMUNICATION METHOD (VERBAL, SIGN, BOARD, ETC.): \_\_\_\_\_

EXHIBITED BEHAVIOR: \_\_\_\_\_

WHAT TYPE OF BEHAVIOR MANAGEMENT OR REDIRECTION WORK BEST? \_\_\_\_\_

LIST ANY MEDICATIONS THE PARTICIPANT IS TAKING: \_\_\_\_\_

LIST ANY ALLERGIES THE PARTICIPANT HAS: \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT THE PARTICIPANT THAT IS IMPORTANT FOR US TO KNOW:

PHOTO PERMISSION: I AUTHORIZE THE USE OF PHOTOGRAPHS OR DESCRIPTIONS OF ME OR MY CHILD IN NEWSPAPERS, PUBLICATIONS, SLIDE PRESENTATIONS OR DISPLAYS DESIGNED TO PROMOTE THE SERVICES OF ADAPTIVE RECREATION. ☐ YES ☐ NO

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN

DATE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: I AUTHORIZE GRAPEVINE PARKS & RECREATION TO ARRANGE FOR EMERGENCY MEDICAL TREATMENT, IN THE EVENT OF AN INJURY TO THE PARTICIPANT, AND THE DESIGNATED EMERGENCY CONTACT CANNOT BE REACHED.

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN

DATE



Complete and return this form to Michelle Caro, Recreation Coordinator  
MCaro@grapevinetexas.gov | 817.410.3077