

2011 Annual Information Form

Denver Parks & Recreation
Adaptive Recreation
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Please attach any information that would be helpful.

Adaptive Recreation requires that this form be completed once each year prior to program participation by an individual. Please fill out all applicable information completely. Please print.

GENERAL INFORMATION

Participant Information

Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

E-mail address _____

Primary disability(Be specific) _____

Date of onset _____

Secondary disability(Be specific) _____

Date of onset _____

Age _____ Sex _____ Date of Birth _____

RTD Access-a Ride ID # _____

(please circle one)

Parent/Guardian/Agency/Provider Information

Name _____

Address _____

City _____ State _____ Zip _____

Work phone _____

Home Phone _____

Cell Phone _____

Emergency contact (other than those listed):

Name _____

Relation _____

Emergency phone _____

MEDICAL INFORMATION

LIST ALL MEDICATIONS:

Does/has participant:

1. Have Seizures? YES NO Describe physical reaction during a seizure _____
Type _____ Reaction after seizure _____
2. Use wheelchair? YES NO How often? _____ Electric _____ Manual _____ Sport _____
3. Use other walking devices? YES NO What kind? _____ How often? _____ When? _____
4. Use orthopedic or prosthetic devices? YES NO Type _____
Please describe when used: _____
5. Have Down Syndrome ? YES NO Does participant have Atlanto-Axial Instability Condition? YES _____ NO _____
6. Have allergies? YES NO Please specific _____
Describe reaction _____
7. Been exposed to or have contagious or infectious disease? YES NO Exposed to: _____ when? _____ How is participant currently affected?

(over)

MEDICATIONS ADMINISTRATION

Will participant take any medications during the program? YES _____ NO _____ Participant can self-medicate? YES ___ NO ___ *
 Does participant need assistance for injections or personal hygiene YES _____ NO _____ If yes, what arrangements will be made?

PERSONAL AND COMMUNITY SKILLS

Eating/Drinking*	
Toileting*	
Dressing/Undressing*	
Communicating needs	
Walking or moving wheelchair	
Transferring from wheelchair	
Reading/Writing	
Using money	
Protecting self/anticipating safety needs	
Staying with the group	
Precautions in sun, heat, cold (environmental)	
Precautions due to allergies	
Orientation to people, places, times	
Swimming pool entry	
Participant uses:	
Sign Language	
Hearing aide/device	What: _____ When: _____
Glasses/contacts	What: _____ When: _____
Communication device	
List any limitations to recreational activities:	

BEHAVIORAL NEEDS

What type of supervision does the participant require (i.e. close, distant, line-of-sight) _____

Participant displays: _____ **Explain:** _____

Unusual fears or concerns (people, places, etc) _____

Physical or verbal aggression to others _____

Physical aggression to self _____

Positive Reinforcement:

Please explain any tips or techniques we could use to offer the best possible recreation experience (i.e. food, verbal praise, toys, etc.) _____

Has the participant been accused or convicted of any sexually deviant behavior, please explain: _____

Other information that might enhance quality and safety of recreation participation: _____

WAIVER OF LIABILITY

- In consideration of being permitted to participate in any program or activity offered by the City and County of Denver Department of Recreation, I do hereby, for myself, my heirs and administrators, waive and release any and all claims I may have against the City and County of Denver, its employees, various sponsoring agencies, and paid and non-paid volunteers.
- Although I understand a physician's examination is not required for registration, it is highly advisable that I consult with a physician before participating in athletic and strenuous activities.
- ***I understand that the Adaptive Recreation staff/volunteers will monitor and/or assist in administration of oral medication, but will not give injections or assist with personal hygiene. (personal attendant care includes dressing, feeding, or toileting). I understand that I will make arrangements for those items.**
- I have read this form and understand its content and request registration in Denver Parks and Recreation programs.
- **I grant permission for participant's picture to be used in publicity or brochures related to Adaptive Recreation** _____ YES _____ NO

*

 Signature of Participant or Parent/Guardian (if participant is under 18 years of age)

 Date