



Pearland Parks & Recreation Department
No Limits Adaptive Recreation
Participation Form

This participation form is due two weeks prior to class start date.

PARTICIPANT INFORMATION

Name: _____ Date: _____

Address: _____ City _____ Zip _____

Phone Number: _____ Alternate Phone Number: _____

Date of Birth: ___/___/___ Current Age: _____ Gender (circle): **M** **F**

Email Address: _____

Primary Disability/Diagnosis: _____

Date Diagnosed: _____

Do you require an Aid / Attendant? **Yes** **No** If yes please complete the Aid / Attendant Information section.

After registering you will receive information on adaptive recreation programs via email. If you prefer not to receive information you have the option to opt out once the email is received.

EMERGENCY CONTACT INFORMATION

Names of parent(s), home provider, or primary contact: _____

Home Phone Number: _____ (work) _____ (cell) _____

Address: _____ City _____ Zip _____

Relationship to participant: _____

Participant is able to give consent for medical treatment in the event of an emergency: **Yes** **No**

AID / ATTENDANT INFORMATION

Name: _____ Relation: _____

Address: _____ City _____ Zip _____

Phone Number: _____ Alternate Phone Number: _____

Date of Birth: ___/___/___ Current Age: _____ Gender (circle): **M** **F**

HEALTH & SAFETY INFORMATION

Current Medications: _____

If currently taking medications, is participant able to take medication independently? **Yes** **No**

Seizures: **Yes** **No** If yes describe type and frequency: _____

Swimming Information (circle):

Able to swim Non-swimmer Needs life jacket Uses adaptive equipment

Allergies: Check any allergies below and provide specific allergy

___ Food: _____

___ Medication: _____

___ Environmental: (seasonal, dust, etc.) _____

___ Other: _____

___ No Known Allergies

Can Toilet:

Independently Independently, with reminders Only with assistance

Adaptive Equipment: **N/A** If this section does not apply to you please skip

Please list any equipment you will bring and use during programs: _____

Will participant require any adaptive equipment or modifications during activities?

Safety Information: **N/A** If this section does not apply to you please skip

- Recognizes general safety (electrical, chemicals, sharp items, hot objects, etc.)
- Adapts to crowded/noisy areas
- Able to seek assistance if lost
- Able to get medical attention
- Manages own belongings
- Carries emergency card (complete with diagnosis, health information and emergency contacts)
- May wander from group
- Able to verbalize home address
- Able to verbalize home phone
- Appropriate social interactions

Other: _____

Communication Information: **N/A** If this section does not apply to you please skip

- Verbal and clearly understood
- Uses sign language
- Able to read
- Able to state full name
- Able to communicate needs and wants
- Verbal but not clearly understood
- Uses a communication board
- Able to write
- Able to follow one-step directions
- Able to follow two-step directions

Other: _____

Behavioral Triggers or Fears: **N/A** If this section does not apply to you please skip

- Loud noises Large open spaces Internal temperature (hot/cold) Weather
- Flashing/bright lights Odors/smells Crowded places Animals Small/closed spaces

Other: _____

RECREATION / LEISURE INTEREST

Please circle your interest below:

| Sports for individuals with physical/visual disabilities | Sports | Creative Arts / Leisure | Outdoor Recreation |
|---|--------------------------------|---------------------------------|--------------------------------|
| Goalball | Bowling | Dances | Camping |
| Beep Baseball/Softball | Swimming | Arts and Crafts | Fishing |
| Cycling | Basketball | Cooking Classes | Equestrian/Horses |
| Sitting/Standing Volleyball | Gymnastics/Tumbling | Computer/Video Games | Bicycling |
| Visually Impaired Judo | Baseball/Softball | Music/Singing | Hiking/Nature Walks |
| Bocce Ball | Track & Field | Theater/Drama | Archery (indoor/outdoor) |
| Wheelchair Soccer | Cheerleading | Game Night (Board games, Bingo) | Walking (indoor/outdoor track) |
| Kayaking/Canoeing | Aerobics/Weight Training/ Yoga | Pottery | Gardening |
| Wheelchair Basketball | Volleyball | Quilting/Sewing | Tennis/Racquetball |
| Other: | Other: | Other: | Other: |

PROGRAM INFORMATION

The members of our Adaptive Recreation staff are not Certified Therapeutic Recreational Therapists. The staff is here to lead and implement adaptive recreational programs for your enjoyment. Participants who require personal care, medication assistance or one-on-one instruction are required to provide an aid or assistant, if one is not provided, access to the program will be denied.

Information obtained here will not be shared or distributed to others; it is for Adaptive Recreation programming purposes only. Please return signed and completed participation form along with the release of liability form. (The behavior policy, inclusion policy and eligibility criteria are for your records.) Return to the Pearland Parks & Recreation Department. Forms can also be mailed, faxed or scanned and emailed to:

Lindsay French
Adaptive Recreation Specialist
Pearland Parks & Recreation Department
4141 Bailey Road
Pearland, Texas 77584
Phone: 281-412-8900
Fax: 281-412-8911
Email: lfrench@ci.pearland.tx.us
Website: www.pearlandparks.com

I have read and understand all documents contained in the registration packet: Behavior Policy, Eligibility Criteria, Inclusion Policy, Release of Liability form and the Participation form. I agree to comply with all program requirements.

Signature of Participant/
Parent or Legal Guardian of Participant

Printed Name of Participant

Date

Printed Name of Parent or Legal Guardian
(If signing on behalf of a participant under age 18)

For Office Use Only:

Staff Signature: _____ Date Reviewed: _____

Staff Notes: