

## Adaptive Recreation Participant Information Form

Please complete this form as a participant to the Adaptive Recreation programs offered by Loveland Parks and Recreation. **Completion of this form does not guarantee enrollment in Parks and Recreation programs.**

**This form is needed for the safety of all participants. We utilize this information for program planning and in events of an emergency. Please answer as completely as possible.**

For more information, please contact Jasmine Gilkes at [jasmine.gilkes@cityofloveland.org](mailto:jasmine.gilkes@cityofloveland.org). Please fill out all information completely and include any additional information that would be helpful.

This sheet must be on file before participant can start/participate in a program.

**If you have filled this form out previously, and nothing has changed for the participant, please print their name below and check this box.**

### GENERAL INFORMATION PARTICIPANT

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### EMERGENCY INFORMATION (Must list 2 emergency contacts)

PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

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

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

E-MAIL ADDRESS: \_\_\_\_\_

### \*SECONDARY EMERGENCY CONTACT

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### MEDICAL INFORMATION

1. Does participant have seizures? Y N What kind? \_\_\_\_\_

Frequency \_\_\_\_\_ Please describe physical reaction during a seizure: \_\_\_\_\_

2. Does participant have allergies? Y N Please list: \_\_\_\_\_

Reaction: \_\_\_\_\_

3. Does participant use/wear/need: (please check all that apply)

wheelchair	walking devices	prosthetic devices
orthopedic devices	communication board/device	glasses
sign language	assistance with money	precautions in sun/heat
contact lenses	assistance writing	assistance staying with the group
hearing aids	assistance swimming	assistance reading
	assistance with pool entry	assistance with safety concerns

Please use the following lines to list physical limitations, restrictions, or any other important information:

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**MEDICATION:**

Please list medications, dosage and frequency:

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Will participant take any medication during the program? Y      N \_\_

Is participant able to self-medicate? Y      N

**GOALS FOR ATTENDING PROGRAM (S)**

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**PERSONAL RELEASE STATEMENT:** I hereby release and absolve the Parks and Recreation Department, the City of Loveland, and all its employees or agents from any and all claims arising from injury or loss received by the participant when involved in any activity, whether due to negligent acts or omissions of said parties, other participants or otherwise.

**PERSONAL CARE:** Recreation staff cannot assist in the administration of medication or assist with personal care such as with feeding, using the restroom, and/or dressing. Please plan for those needs.

Acknowledge that you understand this policy by selecting "agree" below. \*

I agree

I request a follow up conversation with Adaptive Recreation staff to determine adaptive and inclusion needs.

**PROGRAM CONDUCT:** Appropriate social behavior is stressed. Continuous unsafe behaviors (hitting, kicking, self-abusing, verbal outburst, or refusal to stay or participate with group/activity) cannot be tolerated in the community recreation setting. Detrimental behavior will result in program suspension/withdraw and balances of fees will not be refunded.

**PHOTO USE:** I understand that my photograph may be taken while participating in City of Loveland activities and such photographs may be used in publication and promotional purposes.

SIGNATURE OF PARENT/GUARDIAN/PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_