

## 2013 Annual Information Form

Denver Parks and Recreation Adaptive Recreation 1849 Emerson St., Denver, CO 80218 Phone: 720-865-0820 Fax: 720-865-0821 specialneeds@denvergov.org



## 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				Parent -	· Guardian	Agency - Prov	<u>vider (</u> please circle one)
Name			_	Name _			
Address			_	Addres	s		
City	State	Zip	_	City		State	Zip
Primary Phone	Secondary	Phone	_	Cell Ph	one		
E-mail address			-	Home F	Phone		
Primary disability (Be specific)				Work Phone			
If Down Syndrome is listed, does par Date of onset	ticipant have	Atlanto-Axial Instability? YES	S NO		ency conta	ct (other tha	n those listed)
Secondary disability (Be specific)			_	Name _			
Date of onset				Relation	n		
AgeSex	Date of B	rth	_				
RTD Access-A-Ride ID #	Can th	e participant wait for Access-	-A-Ride a	lone? YE	S NO		
Please list any medications the partic  Will they take any medications during  Does the participant:  1. Have Seizures?	·	? YES NO  Describe physical reaction	during a	Can the	ey self-medi	cate? YES	_ NO
Type  2. Use a wheelchair?	VEC NO	Reaction after seizure:  How often?					rt
3. Use other walking devices?		What kind?	_ HOW OIL	en?		_ vviieii?	
4. Use orthopaedic or prosthetic devices?	YES NO	Type:Please describe when used	d:	_			
5. Use a hearing or communication device?	YES NO	Туре:					
6. Use visual aids?(glasses, etc.)	YES NO	Type:	De	escribe w	hen used:		
7. Use ASL or a primary language besides English?	YES NO	Please describe:					
8. Have allergies?	YES NO	Please specify: Describe reaction:					
Been exposed to or have contagious or infectious disease?	YES NO	Exposed to:  How are they currently affect	_ when? .				

Does the participant require or use: 1. Assistance reading or writing		Please explain:
2. Assistance using money	YES NO	Please explain:
Assistance in protecting self/ anticipating safety needs	YES NO	Please explain:
4. Assistance with environmental precautions (sun, heat, cold, etc.)	YES NO	Please explain:
5. Orientation to people, places, time	YES NO	Please explain:
I grant permission for participant's	picture to b	e used in publicity or brochures related to Adaptive Recreation YES NO
Personal needs assistance policy: Frestroom or dressing during a program		angements must be made for participants needing assistance with feeding, medication, using the
BEHAVIORAL NEEDS  How does the participant behave when	n they are h	appy or excited?
What makes the participant upset or fr	ustrated?	
How does the participant behave when	n they are u	pset or frustrated?
How does the participant learn best(vis	sual, verbal	tactile)?
Are there any special considerations o	our staff sho	uld be aware of in order to make participation successful and meaningful for the participant?
What recreation experience would the	participant	love to do?
SAFETY NEEDS Has the participant been accused or	r convicted	of any sexually deviant behaviour? Please explain:
What type of supervision does the r	narticinant	require (i.e. close, distant, line-of-sight)
	•	• • • • • • • • • • • • • • • • • • • •
	————	and safety of recreation participation:
WAIVER OF LIABILITY		
		ate in any program or activity offered by the City and County of Denver Department of Recreation, I do irs, waive and release any and all claims I may have against the City and County of Denver, its
employees, various sponsoring a	gencies, an	d paid and non-paid volunteers.
<ul> <li>Although I understand a physician participating in athletic and strenu</li> </ul>		tion is not required for registration, it is highly advisable that I consult with a physician before es.
*I understand that the Adaptive	Recreation	n staff/volunteers will monitor and/or assist in administration of oral medication, but will not
<ul> <li>Appropriate social behavior ex refusal to stay with the group, etc participant immediately.</li> </ul>	pectation: a.). If a partic	giene. I understand that I will make arrangements for those items.  Participants will refrain from behavior that can be detrimental to the group (hitting, kicking, self-abusing, sipant's behavior is detrimental, a parent or guardian will be called and will be required to pick up the
<ul> <li>I have read this form and underst</li> </ul>	and its cont	ent and request registration in Denver Parks and Recreation programs.

Date

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

PERSONAL AND COMMUNITY SKILLS