

# Special Needs Registration



## Participant Information

Name: \_\_\_\_\_ Parent Name: (if <18) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): H: \_\_\_\_\_ M: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please describe the participants disability (be specific): \_\_\_\_\_

Do you use a mobility device? YES  NO

If yes, what kind? \_\_\_\_\_ How much of the time? \_\_\_\_\_ %

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Is there a history of seizures? YES  NO  Frequency? \_\_\_\_\_

Does the participant have any known allergies? YES  NO

If yes, please explain: \_\_\_\_\_

Is there **any** other medical condition or concern that could impact participation? YES  NO

If yes, please explain: \_\_\_\_\_

Are there any specific modifications or adaptations we can make that will assist us in serving you?

If yes, please describe: \_\_\_\_\_

Are you currently taking any medications? YES  NO

If yes, please list them: \_\_\_\_\_

Can the participant independently communicate? YES  NO

If no, please explain: \_\_\_\_\_

Does the participant utilize a personal aid/e? i.e. interpreter, 1 on 1, tablet etc? YES  NO

If yes, please explain: \_\_\_\_\_

Behavioral Motivators: \_\_\_\_\_

Behavioral Triggers: \_\_\_\_\_

Behavioral Strategies or Suggestions: \_\_\_\_\_

Have you participated in therapeutic recreation or adaptive sports before? YES  NO

If yes, where and when? \_\_\_\_\_

What is the primary reason for joining this specific program? i.e. goals, motivations? \_\_\_\_\_

Programs participant is registering for? \_\_\_\_\_  
\_\_\_\_\_

By signing below, I confirm that the individual in this form has been diagnosed by a doctor with the aforementioned diagnosis. I additionally understand that a confirmed medical diagnosis is required to participate in this class.

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

All support requests and registration forms are valid for 1 calendar year unless participant has experienced any medical changes. This includes but is not limited to, a change in status or diagnosis, change in medication, undergone surgery or changed assistive device.