



## Redmond Area Park and Recreation District

### Adaptive Recreation Participant Information

#### General Information

Participant Name: Last \_\_\_\_\_ First \_\_\_\_\_

Participant preferred name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent/Guardian/Caregiver \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Gender:  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you had an adaptive consultation with RAPRD before?  Yes  No When? \_\_\_\_\_

#### Medical Condition & Health Information

Primary Disability/Diagnosis \_\_\_\_\_

Does the participant require medication during the program?  Yes  No

Note about medication: The participant or facilitator is responsible for holding, keeping secure, and dispensing all medication.

List any dietary restrictions, allergies, or medical conditions (asthma, diabetes, etc.) staff should be aware of:

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Any communicable or contagious disease?  Yes  No If yes, please explain: \_\_\_\_\_

Is the participant subject to seizures?  Yes  No If yes, please explain

Type \_\_\_\_\_ Duration \_\_\_\_\_ Date of last seizure \_\_\_\_\_

Warning Signs \_\_\_\_\_

What is seizure protocol? \_\_\_\_\_

List any activities the participant cannot participate in due to medical conditions:

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### **Accommodation/Adaptation Information**

Does the participant need a facilitator?  Yes  No

If yes, is he/she going to bring a facilitator to the program(s)?  Yes  No

How can we best support the participant?

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Does the participant use a facilitator at school?  Yes  No

How does the facilitator help your child be successful in school?

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Participant communicates by:  Speaking  Signing  Communication Board  Eye Signals

Gestures  Other: \_\_\_\_\_

Describe effective methods for communication.

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What you like your child to gain our programs and services?

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What things have contributed to your child succeeding in a structured activity? Please list specific needs related to participating.

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What types of activities does the participant enjoy?

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Is there anything else we should know about the participant?

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Please return with your registration to RAPRD.

If any of the above information changes, please contact the Adaptive Recreation Coordinator. In order to provide the best possible programs, up to date information is vital.

Information is confidential and will only be shared with staff members as necessary in order to adapt programs and meet the needs of the participant.