



SPECIALIZED RECREATION PARTICIPANT PROFILE	2009
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This form must be completed in full for all new and returning participants on a yearly basis. All information is confidential and necessary for an enjoyable experience.

Participant Name _____ Date _____

***Have you participated with us in the past? Yes / No** Comments _____

Home Address _____ City _____ Zip _____

Home Phone _____ Birth Date _____ Age _____ Gender _____

Lives with: Relatives _____ Group Home _____ Independently _____ Other _____

Name of Parent/ Spouse/ Group Home/ Support Provider _____

Address (if different) _____ City _____ Zip _____

HM Phone _____ WK Phone _____ Cell Phone _____

Caseworker Name _____ Phone _____

***Will this participant bring an attendant/care provider during program hours? Yes / No**

If yes, explain _____

*(*Note: Participants requiring one-on-one assistance with feeding, toileting, toilet transfers and/or behavior management are required to bring an attendant to be eligible for Specialized Recreation Programs. Attendants are required to register.)*

EMERGENCY CONTACT INFORMATION (other than above)

1. Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell _____

2. Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell _____

HEALTH INFORMATION

Health Insurance Company _____ Policy # _____

Physician's Name _____ Phone _____

Allergies _____ Date of last Tetanus _____

Seizure History _____

Primary Disability _____ Secondary Disability _____

Will this participant require medication during program hours? YES / NO

