



Inclusive Recreation Participant Information

This form must be completed in full for new and returning participants on a yearly basis. All information is confidential and will help the recreation staff provide the best support possible. Our goal is to make the time you spend in programs offered through the Pleasanton Community Services Department a positive and successful experience!

CONTACT INFORMATION

Date _____/_____/_____

Participant Name: Last _____ First _____

Participant Address _____ City _____ Zip _____

Home Phone _____ Cell phone _____ Work phone _____

E-mail _____ Birth Date _____/_____/_____ Age _____ Sex: M F

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

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

Address (if different) _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Caseworker's Name _____ Phone _____

EMERGENCY CONTACT INFORMATION

Please provide additional emergency contact than provided above.

1) Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell Phone _____

** Pleasanton Community Services Department staff are generally unavailable to provide assistance to participants with feeding, toileting, or toilet transfer. Participants needing assistance in these areas should let the Recreation staff know prior to registration how the staff can reasonably support their participation. In some instances, participants may be required to bring an aide or attendant.*

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

TRANSPORTATION

What transportation will be provided for participant?

Drives Self Parent/Guardian/Care Provider Public Transportation

WHEELS/Dial-a-ride Other _____

**Staff is only available to provide supervision to participants during the scheduled program hours.*

MEDICAL CONDITIONS & HEALTH CONCERNS

Primary Disability/Diagnosis _____

Life Threatening Allergies _____

Mild Allergies _____

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

Type _____ Duration _____ Warning signs _____

Date of last seizure ____/____/____

What is the seizure protocol?

Does the participant take medication(s)/carry an EPI pen? Yes No

Medication	Time	Dosage	Purpose	Side effects/Contraindications

***Please alert staff if participant will require medication during a specific program. If medications need to be administered during program hours, a **Medication Permission Form must be completed.**

LIVING SKILLS

Please check and explain any or all areas that staff should be aware of:

Communication

- ___ Is Verbal
- ___ Verbal (hard to understand)
- ___ Sign Language
- ___ Is Non-verbal

Mobility

- ___ Independent
- ___ With Support
- ___ Wheelchair
- ___ Restriction to walking more than ½ mile

Toileting

- ___ Independent
- ___ Supervision
- ___ Needs Reminder
- ___ Needs Assistance

Feeding

- ___ Independent
- ___ Assistance cutting food
- ___ Dependent

Diet

- ___ Diabetic
- ___ Low Sodium
- ___ Regular
- ___ Food restrictions: _____

Activity Limitations (if any) _____

Adaptive Equipment Needed (if any) _____

SOCIAL SKILLS

Cooperates with: ___ Staff/Adult ___ Friends/Peer group
 Readily Participates: ___ In new situation ___ In small group
 Interactions: ___ Initiates ___ Needs prompting ___ Rejects
 Prefers company of: ___ Self ___ Staff/Adults ___ Friends
 Manages Feelings: ___ Appropriately ___ Needs time/space ___ Other: _____

SWIMMING SKILLS

Recreation Programs may include trips to a pool or other bodies of water. Please check the box that most closely fits the participant.

- Type I Does not know how to swim or is uncomfortable or nervous around water. Cannot put their face in water; hold their breath, right themselves, or float.
- Type II Can hold their breath, fully submerge their head under water, right themselves, float unsupported for five (5) seconds, flutter kick and turn over from front to back. Is uncomfortable in water over their head and is unable to propel themselves beyond ten (10) yards.
- Type III Comfortable in deep water, can demonstrate basic swimming stroke techniques with controlled breathing, can propel themselves twenty-five (25) meters, and tread water for two (2) minutes.
- Type IV Comfortable in deep water, can demonstrate advanced swimming stroke techniques with controlled breathing, can continuously propel themselves for a minimum of 100 meters, tread water for four (4) minutes, and swim fifteen (15) meters under water.

ADAPTIVE SKILLS/OTHER CONSIDERATIONS

Does the participant display signs of aggression or maladaptive behavior? Yes No

If yes, what triggers/aggravates the behavior?

What strategies or interventions do you recommend?

Is there sensitivity to light or noise? Yes No

If yes, how does participant cope/ how can staff accommodate the participant?

Is the participant a “runner” (does (s)he run away/take off unexpectedly?) Yes No

If yes, what are your suggestions for dealing with this behavior?

Is there anything else you would like us to know about the participant? Any and all information will help our staff to provide the best service possible.

PARENT/GAURDIAN AGREEMENT

1. I acknowledge every effort will be made to contact parent/guardian in the case of medical emergency. If I cannot be reached, I authorize the City of Pleasanton program staff to seek appropriate medical (physician, dentist, nurse, etc.) to care for the participant.
2. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be given during the program.
3. I give permission for the participant to be transported in vehicles provided by the City of Pleasanton.
4. Pictures and video may be taken of the participant while participating in City of Pleasanton activities and may be used solely for program publicity, unless a "Opt Out of Photo" form is submitted.
5. I understand that Recreation staff may make visits to the program for observations to ensure the success of inclusive services.
6. The Inclusive Recreation Program reserves the right to release the participant from the program if, after a trial period, circumstances reflect that it is not the participant's or program's best interest to continue in the program
7. I will notify the Recreation staff if the participant should contract a contagious disease. NOTE: This information will remain confidential.
8. By signing below, I acknowledge the participant is physically capable of participating in the City's programs and activities.
9. I agree to abide by the City of Pleasanton Community Services Department's Late Pick Up Policy and will pay any fees incurred. I understand that a copy of this policy will be provided to me at my request.
10. I understand that renewal of this form is required annually for the above participant to participate in Inclusive Recreation Programs. During the 1 year term of this form, I agree to notify staff of changes to any information, prior to participation in any program or activity.
11. I understand that there may be additional forms required for overnight trips, medication, etc. by Inclusive Recreation Program.

Pleasanton Community Services Department Registration Waiver

Waiver, Release and Assumption of Risk: The City of Pleasanton is sponsoring the following activity _____ . My (My child's) participation in this activity is voluntary. I am (My child is) physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am (my child is) participating in this activity. In addition, if transportation is provided by City during the activity, serious injuries could occur. Knowing these risks, I want (my child) to participate in this activity. I (on behalf of my child) hereby assume the risk, and hereby waive, release and discharge the City of Pleasanton, its Council, officials, employees, volunteers, instructors, agents, sponsors and promoters of this activity, from any and all claims for damages for personal injuries or death, or claims for damages to property, which I (my child) or my (child's) heirs, assigns, executors or administrators may have or which may accrue to my (child's) participation in this activity, including transportation provided during the activity as applicable. I have read the above and understand that important legal rights are being waived.

I consent to the City's use of any photographs that are taken of me (my child) while participating in the City's programs for use in the City's promotions and publications in print and on the World Wide Web (Internet). No payment will be made for use of these photographs.

If you do not want you or your child(ren) photographed or videotaped while participating in a City recreation class or activity for the use in City publications, please contact the Community Services office at (925) 931-5340, to request an "Opt Out of Photo" form to be completed at least two weeks prior to the start of you or your child(s) class.

Parent/ Guardian Signature*

Date

Print Parent/ Guardian Name

Participant Signature

Date

Print Participant Name

* Parent/ Guardian Signature is required if participant is under the age of 18 or is an adult but under legal custodial care of the parent/ guardian.