

CITY OF AURORA
Parks, Recreation and Open Space Department

ADAPTIVE RECREATION & INCLUSION SERVICE for EVERYONE
ANNUAL PARTICIPANT INFORMATION FORM
2024

Please fill out all the information completely and include any additional information that would be helpful. This form must be completed each year and be on file before participant can start/participate in program.

GENERAL INFORMATION

PARTICIPANT NAME: _____ AGE: _____ D.O.B: _____

ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____

DISABILITY: _____ DATE OF ONSET: ___/___/___

AGENCY ATTENDING: (school, agency, residential, vocational) _____

ACCESS-A-RIDE # (if applicable) _____

EMERGENCY INFORMATION (Must list 2 emergency contact)

PARENT/GUARDIAN NAME: _____ RELATION: _____

HOME PHONE: _____ WORK: _____ CELL: _____

ADDRESS: _____ ZIP _____

E-MAIL ADDRESS: _____

*SECONDARY EMERGENCY CONTACT NAME: _____ PHONE #: _____

MEDICAL & SAFETY INFORMATION

1. Does participant use a wheelchair? Y__ N__ If yes, what kind? _____

2. Other walking devices? Y__ N__ What kind? _____ When? _____

3. Can participant transfer independently? Y__ N__

4. Does participant have seizures? Y__ N__ What kind? _____ Frequency? _____

Please describe physical reaction during a seizure: _____

5. Does participant have allergies? Y__ N__ Please list: _____

Reaction: _____

6. Does participant use/need/wear: (Check all that apply)

Prosthetic device
orthopedic devices
glasses
contact lenses
hearing aids
assistance reading
assistance with safety concerns

Verbal Communication
communication board device
sign language
assistance writing
assistance toileting
diaper
catheter

assistance feeding
assistance dressing
assistance with money
assistance staying with the group
assistance swimming
assistance with pool entry
precautions in sun/heat

Please use the following lines to list physical limitations, restrictions, or any other important information:

MEDICATION:

Please list any current medications we need to be aware of: _____

Will participant take any medication during the program? Y N
Is participant able to self-medicate? Y N

Please complete the back side of this form

BEHAVIOR/PERSONALITY

General behavior, personality traits or triggers: _____

Does participant have a specific behavior plan at home/school? Y N (please include copy if Yes)
Is participant verbally or physically aggressive towards others or self? Y N
Any other information regarding behavior or behavior management _____

Has the participant been accused or convicted of any sexually deviant behavior? If yes, please explain:

GOALS FOR ATTENDING PROGRAM

POLICIES AND WAIVERS

PHOTO RELEASE: I understand and agree that my photograph may be taken while participating in City of Aurora activities and such photographs may be used in publication and promotional purposes. YES NO

MEDICATION & PERSONAL HYGIENE: I understand that the A.R.I.S.E staff/volunteers will monitor and/or assist the participant in taking oral medication but will not give injections or assist with personal hygiene. I understand that I will make arrangements for those items.

LATE PICK-UP POLICY: \$5.00 fee will be charged if a participant's ride arrives 15 minutes later than the designated pick-up time. An additional \$5.00 will be charged for every 15 minutes thereafter. This amount must be paid before returning to program.

TREATMENT AUTHORIZATION: IN THE EVENT THAT I CANNOT BE REACHED IN A MEDICAL EMERGENCY, I AUTHORIZE TREATMENT FOR MY SON/ DAUGHTER/OTHER, _____, TO PRESERVE LIFE AND PREVENT DISABILITY OR BEGIN WITHOUT DELAY.

PERSONAL RELEASE STATEMENT: I UNDERSTAND THAT THE REGISTERED ACTIVITIES AND SERVICES MAY HAVE AN ELEMENT OF HAZARD OR INHERENT DANGER, AND TAKE FULL RESPONSIBILITY FOR MY ACTIONS AND PHYSICAL CONDITION. I hereby release the City of Aurora, its employees, elected and appointed officials and any other representatives of the City of Aurora from any and all liability for any injury to me or damage to my property which may result from my participation in the activity. This release shall be binding on me and any other persons making claim through me or on my behalf.

PROGRAM CONDUCT: APPROPRIATE SOCIAL BEHAVIOR IS STRESSED. DETRIMENTAL BEHAVIOR WILL RESULT IN PROGRAM SUSPENSION/ WITHDRAWL AND BALANCES OF FEES WILL BE REFUNDED WITH THE EXCLUSION OF 3RD PARTY PAYMENTS.

SIGNATURE OF PARENT/GUARDIAN/PARTICIPANT _____ DATE _____

In addition to the above waiver and release, I, the undersigned parent/guardian of the above named participant who is under the **age of 18 years**, do for myself, for the other parent of the child and for and on behalf of my child participant hereby release and discharge the City of Aurora, its employees, elected or appointed officials and agents or representatives from and against any and all liability, claims or demands for bodily injury to the above named child or for damage to the property of the above named child as well as expenses including attorney's fees and court costs and any and all other liabilities of any nature whatsoever which may be incurred by the child participant or which may arise from the child participant's activities in the City of Aurora as stated above. Signature of parent or guardian if participant is under 18 years of age:

Signature _____ Date _____

THIS FORM MUST BE RETURNED PRIOR TO PARTICIPATION
Via email: arise@auroragov.org or in-person/mail:18150 E Vassar PI Aurora, CO 80013

