

CITY OF AURORA
Parks, Recreation and Open Space Department

THERAPEUTIC RECREATION
ANNUAL PARTICIPANT INFORMATION FORM
2019

PROCESS FOR NEW PARTICIPANT INTAKE MEETING

You have received this participant information form as requested regarding interest in the Therapeutic Recreation for individuals with developmental disabilities.

Please fill out the form and return it to us. When we have received your form we will contact you and schedule a meeting time with parent/guardian or facilitator and the participant that is interested in participating in the program. This meeting allows you to express any questions, allows participant introduction to the TR staff and serves as an avenue for program recommendations. Meetings are scheduled at the Beck Recreation Center and last approximately 30 minutes. For more information please call Albert Cardoza (Spanish/English Speaking) 303-326-8412 or Jenni Brown at 303-326-8411

Please fill out all information completely and include any additional information that would be helpful. This sheet must 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) _____

CONTACT PERSON: _____ PHONE: _____

EMERGENCY INFORMATION

PARENT/GUARDIAN NAME: _____ RELATION: _____

HOME PHONE: _____ WORK: _____ CELL/PAGER: _____

ADDRESS: _____ ZIP _____

E-MAIL ADDRESS: _____

MEDICAL 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 Down's syndrome? Y__ N__
6. Does participant have allergies? Y__ N__ Please list: _____
Reaction: _____
7. Does participant use/wear/need: (please circle all that apply)

prosthetic devices	verbal communication	assistance feeding
orthopedic devices	communication board/device	assistance dressing
glasses	sign language	assistance with money
contact lenses	assistance writing	assistance staying with the group
hearing aids	assistance toileting	assistance swimming
assistance reading	diaper	assistance with pool entry
assistance with safety concerns	catheter	precautions in sun/heat

Please complete the back side of this form

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

MEDICATION:

Please list medications, dosage and frequency: _____

Will participant take any medication during the program? Y__ N__

Is participant able to self-medicate? Y__ N__

BEHAVIOR/PERSONALITY

General behavior and personality traits: _____

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 _____

KEY/HOME ALONE

Participant will have a key to the residence: Y__ N__

Participant is approved to be left at home alone: Y__ N__

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.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

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.

SIGNATURE OF PARENT/GUARDIAN/PARTICIPANT _____ DATE _____

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/WITHDRAWAL 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. I also understand and agree that my child's photograph may be taken while participating in City of Aurora activities and such photographs may be used in publication and promotional purposes.

Signature of parent or guardian if participant is under 18 years of age:

Signature _____

Date _____

**THIS FORM MUST BE RETURNED PRIOR TO PARTICIPATION
MAIL TO: THERAPEUTIC RECREATION PROGRAM
800 Telluride St.
AURORA, CO 80011**

