



2020 SPECIAL NEEDS PARTICIPANT MEMBERSHIP FORM

Contact Information (Please print clearly.)

Participant Name: _____ Date of Birth (mm/dd/yyyy): _____
Address: _____ T-shirt Size: _____
City: _____ State: _____ Zip: _____
Email: _____ Receive monthly eNewsletter? Yes No

Emergency Contact Information

Please provide multiple numbers for general inquiries, emergencies, late arrivals, etc. Remember to include self, parent, guardian, caretaker, etc.

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Participant Travel Methods (Check all that apply):

- All Names Listed Above Are Authorized to Pick Up Participant
- Access Lynx
- Travels Independently

Medical Information

Gender: Male Female

Height: _____ ft./_____ in. Weight: _____ lbs.

Disability:

- Down Syndrome
- Cerebral Palsy
- Autism Spectrum Disorder
- Learning Disability
- Physical Disability
- Developmental Delay
- Other: _____

Participation: General (1:5) Assisted (1:1) Both Depending on Program/Setting

Communication:

- Verbal
- Non Verbal
- Sign Language
- Other _____

Assistive Devices:

- Hearing Aid
- Glasses
- Walker
- Wheelchair If yes: Electric Non-Electric
- Able to transfer to a bus seat after being raised on a lift
- Other: _____

Other Conditions:

- Asthma
- Cardiac Disorder
- Vision Problems
- Hearing Problems
- Seizures/Description of: _____
- Allergies/Description of: _____

Diet:

- Regular
- Diabetic
- Gluten Free
- Low Fat
- Other: _____

Reaction to:

- Motion
- Sun
- Heat
- Medicine
- Other: _____

Swim Participation: Swims Shallow End Only Cannot Swim

Medications & Physician Information

Use additional sheet if needed. Additional paperwork needed if taken on site.

Medication Name	Amount Taken	When/Frequency	Special Instructions

Other Notes (Comments, behavior tendencies, behavior plans, or non-behavioral issue, health issues, etc.)

OFFICE USE ONLY:

Database CivicRec Constant Contact Scanned / Date Completed: _____ Initials: _____

Program Rules

REGISTRATION

To participate in any of the programs, participant needs an annual Participant Membership Form on file. After completed form is received, participant will be added to mailing list and monthly e-newsletter. Then participant can begin attending events of their choice. (Select programs require reservation or additional registrations). Participants do not need to reside in Altamonte Springs to take part in programs. Parent/Guardian/Caretakers are required to sign participant in and out of activities. (Unless participant is independently arriving to/from events.)

PROGRAM ELIGIBILITY

Participants with special needs must meet the following criteria to take part in programs. If they are unable to do so, participant is welcome to attend programs, but must provide their own assistant for supervision (such as a family member, companion, etc.)

- Age 13 and over (with exception to select specially designed youth programs)
- Be able to function in a group structure (one staff member/volunteer per five participants)
- Capable of participation in group activities
- Have independent bathroom skills
- Be able to follow basic instructions

ZERO-TOLERANCE BEHAVIOR

Disruptive behavior that is harmful to self or other participants and/or property of self, city employees, and volunteers will not be tolerated.

CODE OF CONDUCT

The undersigned participant and/or his/her parent/guardian agrees to:

- Respect the rights, dignity and worth of participants, coaches, other volunteers, friends and spectators in program.
- Not use foul language, name calling, cursing or other disrespectful language to other participants, coaches, volunteers, friends and spectators and will display control, respect and dignity at all times.
- Not physically harm anyone by keeping hands to themselves.
- Dress and act at all times in a manner which is appropriate for each program.
- Not "tattle," unless it is an emergency, backtalk or have a negative attitude, and will report all emergencies to the nearest coach or volunteer.
- Stay with the group at all times and ask permission to leave.
- Not consume alcoholic beverages and/or controlled substances during any program.
- Not smoke or chew tobacco during program except in designated areas.
- Follow the rules/directions of the volunteers/staff at all times and ask questions when you do not understand.

DISCIPLINARY STEPS

- Verbal Warnings (up to three)
- Time out from group activities
- Program Incident Report Form (with parent signature)
- One or multi-day suspension or removal from activity/program

Parent/Guardian Liability Waiver & Release

THE PARTICIPANT and/or his/her guardian, in consideration for the City of Altamonte Springs through its Department of Leisure Services providing facilities, instruction and supervision in the activity listed above does hereby:

- Assume all risk of possible damage or injury involved through participation in the above said activity.
- Request permission to participate in said activity with full knowledge that said activity could result in damage or injury to me.
- Agree to indemnify and hold harmless the City, its representatives, affiliates, employees, volunteers, selected and appointed officials, departments or agencies, from liability resulting from any participation in said activity.
- Authorize for any pictures or videos of me in said activity to be used by the City for marketing purposes including but not limited to websites, printed literature, social media and any other types of promotions.
- Give permission to be transported to and from any off-site locations that may be included in said activity.

Participant Signature: _____

Parent/Guardian Signature (If participant is under 18): _____

Printed Name of Parent/Guardian: _____

Date: _____

Please Return Completed Form at an Event or Send to:

City of Altamonte Springs
Attn: Rachel Barrett
225 Newburyport Avenue
Altamonte Springs, FL, 32701

Contact Information:

Email: RBarrett@altamonte.org
Phone: (407) 571-8812
Fax: (407) 571-8451