



2021 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

Receive text message notifications? Yes No If Yes, please provide preferred phone number and mobile carrier: _____

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, Uber, Lyft, Etc.
- Travels Independently (does not need to be signed in/out)

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)

Note: For assisted participation the person assisting must accompany/transport participant at all times

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. This information needed in case emergency responders need to be called. Please be thorough.

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 that are at least 13 years of age. To participant in programs as a general participant, individuals must have independent bathroom and feeding skills, be able to function in a group structure (one staff member/volunteer per five participants), be able to follow basic instructions, be able to effectively communicate and demonstrate appropriate behaviors. If they are unable to do so or have a medical condition that requires 1:1 companionship (determined at the discretion of the program supervisor/manager) participant is still welcome to attend programs, but must provide their own assistant (such as a family member, companion, etc.) for supervision at all times and transportation to all offsite activities.

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 other participants, coaches, staff, volunteers, and spectators in program.
- Not use name calling, cursing, or other disrespectful language to other participants, staff, volunteers, and spectators and will display control and respect 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 ACTIONS

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

Note: These actions will be taken at the discretion of the program manager and not necessarily in this order

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 (only in cases of no legal guardian): _____

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

Printed Name of Parent/Guardian: _____

Date: _____

Note: If there are any current, legally documents that need to be enforced while participating in our programs, they must be provided at the time of registration (i.e. no contact orders, legal guardianship papers, restraining orders).

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