



**Contact Information** (Please print clearly.)

Participant Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Street 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: \_\_\_\_\_

List individuals authorized to pick up participant from programs such as day programs, trips, etc.

- All Names Listed Above \_\_\_\_\_
- 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)  Assited (1:1)  Both Depending on Program/Setting

**Communication:**  Verbal  Non Verbal  Sign Language  Other

**Assistive Devices:**

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

**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

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 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, other 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 Release

### **Waiver & Release from Liability:**

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:

1. Assume all risk of possible damage or injury involved through participation in the above said activity.
2. Request permission to participate in said activity with full knowledge that said activity could result in damage or injury to me.
3. 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.
4. 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.
5. 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 Any Events or Send to:**

City of Altamonte Springs  
Attn: Terri Vitale  
225 Newburyport Avenue  
Altamonte Springs, FL, 32701



### **Contact Information:**

Email: TVitale@altamonte.org | Phone: (407) 571-8814 | Fax: (407) 571-8451