



PARTICIPANT INTAKE FORM
Please complete front & back & mail or fax to:
Plano Parks & Recreation – Adapted Recreation
Dianne Dillon, MS
5901 Los Rios Blvd, Plano, TX 75074
972-941-7272/Fax 972-941-7182

GENERAL INFORMATION

Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Current Email: _____

- Disability:
- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Psychological/Psychiatric Disorder |
| <input type="checkbox"/> Asperger's | <input type="checkbox"/> Spinal Cord/Traumatic Brain Injury |
| <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Speech Disorders |
| <input type="checkbox"/> Atlanto-Axial Instability | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Medical/Physical Disability | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Other (please specify): | |

Accommodations needed for class:

PARENT INFORMATION

Parent/Guardian Name: _____

Phone #: _____

EMERGENCY INFORMATION (Best person and number to call during class time.)

Parent/Guardian Name: _____

Emergency Phone #: _____

MEDICAL INFORMATION

Does the participant walk independently? YES NO

Please identify if any mobility devices are used or if assistance is needed (wheelchair, walker, etc.):

Does the participant have allergies? YES NO

If so, please list: _____

Does the participant use any of the following?

Glasses Hearing Aid Diapers Other: _____

SEIZURE INFORMATION

Does the participant have seizures? YES NO

If active Seizures, please include details of seizure plan below:

Seizure Type	What does it look like?	How long does it last?	How Often?

When seizures require additional help

Type of Emergency (long, clusters or repeats)	Description	What to do? (procedure, magnet, medicine)

At what point will staff need to call 911 to seek emergency medical attention:

SELF HELP SKILLS

Does the participant feed himself/herself and use a cup? YES NO

Does the participant use the toilet independently? YES NO

COMMUNICATION

How does the participant communicate?

- Verbally
- Communication board/device
- Sign Language
- Other (please describe): _____

Does the participant recognize his/her name? YES NO

Does the participant understand simple directions? YES NO

SOCIAL

Does the participant show interest in others? YES NO

Is the participant tolerant of others? YES NO

Does the participant wander or run off? YES NO

Does your child swim independently? YES NO

BEHAVIOR/PERSONALITY

Does the participant have any sensitivity touch, noise, textures? YES NO

If yes, describe: _____

Does the participant show aggression towards others? YES NO

If yes, describe: _____

List any specific techniques/methods that the participant responds to when upset?

Describe: _____

Does the participant have a behavior plan at home or school? YES NO

If yes, please describe:

What prevention strategies or modifications are effective with this participant?

What behavior management strategies are helpful with this participant?

Is there any other important information that would enhance the quality and enjoyment of the participant in our programs?

Strengths/Likes: _____

Describe any reasons which may prevent the participant from participating in class activities?

Describe: _____

LIABILITY WAIVER

In consideration of the City of Plano allowing me (my child/children) to participate in any Adapted Recreation program, and being aware of the nature of the activity, I agree to the following: I agree to indemnify, defend, and save hold harmless the City, and all claims arising from participation in the Adapted Recreation Programs, such indemnification shall include, but not be linked to liability settlements, damage awards, costs, and attorney's fees associated with any such claims. I understand that participation in the Adapted Recreation activities can result in bodily injuries to me (my child/children) including but not limited to conditions, cuts, scrapes, head and/or dental injuries and broken and/or sprained limbs. By my signature on this Liability Waiver, I bind my heirs, any current or future representatives, and myself to the terms and conditions of this Liability Waiver.

If the Adapted Recreation Program involves any athletic events, to the best of my knowledge and belief, I certify that I (my child/children) have adequately trained and prepared for the event.

I AGREE WITH THE TERMS AND CONDITIONS ABOVE. (PLEASE CHECK)

PICTURE USE FOR CITY USE AND SOCIAL MEDIA.

I hereby authorize and consent to the City of Plano, its agents and employees, taking, reproducing, publishing, circulating, or otherwise using video and photographs of myself and/or my child or ward for the purpose of publicizing services, activities or events provided by the City of Plano in print or online. The pictures and/or video may be taken and used without my knowledge or payment to me.

I AGREE WITH THE TERMS AND CONDITIONS ABOVE. (PLEASE CHECK)

Date: _____

Signature of Parent if participant is under 18

Signature of participant if over 18