

# 2015 PARTICIPANT MEMBERSHIP FORM

## ABOUT US

Altamonte Springs Recreation and the Advisory Board for the Disabled, Inc. provide social and recreational activities at a minimal cost to individuals with mental and/or physical disabilities, ages 13 and up in Altamonte Springs and surrounding communities. For more information, visit [www.ASRecreation.org](http://www.ASRecreation.org) or [www.AdvisoryBoardforDisabled.org](http://www.AdvisoryBoardforDisabled.org)



The Advisory Board for the Disabled, Inc.



## REGISTRATION

To register, 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 (1 staff member/volunteer per 5 participants)
- Capable of participation in group activities
- Have independent bathroom skills
- Be able to follow basic instructions

## CODE OF CONDUCT

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

- Will respect the rights, dignity and worth of participants, coaches, other volunteers, friends and spectators in program.
- Will 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.
- Will not physically harm anyone by keeping hands to themselves.
- Will dress and act at all times in a manner which will be appropriate for each program.
- Will 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.
- Will not take part in the consumption of alcoholic beverages and/or controlled substances during any program.
- Will not take part in smoking or chewing 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 3)
- Time out from group activities
- Program Incident Report Form (with parent signature)
- One or multi-day suspension
- Removal from activity/program

**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.

## PLEASE RETURN COMPLETED FORM AT ANY OF OUR EVENTS OR SEND TO:

City of Altamonte Springs  
Attn: Ranwa Nin El-khoury  
225 Newburyport Avenue  
Altamonte Springs FL 32701

Office: 407-571-8814  
Fax: 407-571-8809  
Email: [Rrel-khoury@altamonte.org](mailto:Rrel-khoury@altamonte.org)

## PARENT/GUARDIAN RELEASE

**General Release:** THE UNDERSIGNED 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 noted activity. (2) Request permission to participate in the 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, employees, selected and appointed officials, departments or agents, from liability resulting from any participation in said activity. (4) Give permission for pictures of me in the above noted activity to be used for City marketing purposes, via website, brochures, fliers or other types of media. **Participation:** I hereby give my permission for the participant named to participate in the City of Altamonte Springs Department of Leisure Services recreational activities/events. I hereby release the City of Altamonte Springs, its officers and employees, from any and all liability for all damages and/or injuries sustained while participating in this program. **Consent to Treatment:** I authorize such physician or medical staff as the City of Altamonte Springs Department of Leisure Services may designate to carry out any minor medical or surgical treatment and/or medication necessary, or to take the named participant to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well-being of such participant. It is understood, however, that if hospitalization or treatment of a serious nature is required, the parent/guardian will be contacted, if possible, by telephone for permission.

I, the undersigned, am a parent/guardian of the specified participant. I have read and fully understand the provisions of the above releases and explained them to the said participant. I hereby agree that I and the said participant will be bound thereby.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

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**PLEASE PRINT CLEARLY**

## CONTACT INFORMATION

Participant Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Add to Monthly E-news?  Yes  No

**Please provide multiple numbers staff/volunteers can use for general inquiries, emergencies, late arrivals, etc.  
Remember to include self, parent, guardian, caretaker, etc.**

Phone #: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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

Male  Female Height: \_\_\_\_\_ ft. / \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

**Disability:**  
 Down Syndrome  Cerebral Palsy  Autism Spectrum Disorder  Learning Disability  
 Physical Disability  Developmental Delay  Other: \_\_\_\_\_

**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 lift

**Please list any other conditions:**  
 Asthma  Cardiac Disorder  Vision Problems  Hearing Problems  
 Seizures - Description of: \_\_\_\_\_  
 Allergies - Description of: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Kind of Diet:**  Regular  Diabetic  Gluten Free  Other: \_\_\_\_\_  
**Reaction to:**  Motion  Sun  Heat  Medicine/Other: \_\_\_\_\_  
**Swimming participation:**  Swims  Shallow end only  Cannot Swim

## MEDICATION (USE ADDITIONAL SHEET IF NEEDED)

Medication name	Amount taken	When/Frequency	Special Instructions

## OTHER INFORMATION

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

## OTHER NOTES: comments, behavior tendencies, behavior plans, or non-behavioral issue, health issues, etc.

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

**OFFICE USE:**  Database  RecTrac  Constant Contact  Scanned Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_