



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

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

Office Use: Database Rec Trac 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, 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