



## 2023 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.)

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**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 their 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.*

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: Special Needs  
225 Newburyport Avenue  
Altamonte Springs, FL 32701

Contact Information:

Email: [JConigliaro@altamonte.org](mailto:JConigliaro@altamonte.org)  
Phone: (407) 571-8812  
Fax: (407) 571-8451