

SPRINGFIELD-GREENE COUNTY PARKS & RECREATION
ACCESSIBLE RECREATION PARTICIPANT PROFILE

Participant's Name _____ Male___ Female___

Address, City & Zip_____

Age_____ Birth date_____

Home Phone_____ Work Phone_____ Cell Phone_____

Parent/Guardian Name(s)_____

In case of Emergency, Contact _____ (relation)_____

at phone # _____ or Alternate # _____

Participant's Disability_____

What is the participants goal for the program?_____

List any fears the participant may have_____

List activities the participant enjoys_____

List activities the participant should not participate in due to medical conditions_____

List best ways to motivate the participant_____

Describe social interactions_____

List any allergies, food restrictions or special diet (diabetic)_____

Is the participant prone to have seizures? No___ Yes___

Please indicate type of seizure, duration, warning signs, desired action, first aid in the event of seizure during a program _____

If seizure occurs, person to call and phone # _____

What other needs does the participant have that we should be aware of?_____

Date Received:_____