

HEALTH and PHYSICAL INFORMATION

Disability:

Physical (including mobility, hearing, vision)

Cognitive (including behavior/emotional)

Medical (Doctor's restrictions on activities, allergenic reactions/allergies): _____

Dietary Restrictions: _____

If any serious allergic reactions should occur, the City of Shoreline staff will immediately call 911

SEIZURES

If the participant is subject to seizures, please describe type, frequency and duration:

Symptoms for seizures

Before: _____

During: _____

After: _____

Most recent: _____

********911 will be called for all seizures lasting longer than 5 minutes (or shorter if requested)********

PARTICIPANT COMMUNICATION

Verbal

Non-Verbal

If non-verbal, what communication methods are used:

If the participant uses any communication devices, please list: _____

BEHAVIORS

To help the participant succeed and better accommodate their needs, please share any behavioral issues we should be aware of. Please be thorough and descriptive:

Anger: _____

Problems with Authority: _____

Wandering: _____

Withdrawn/Shy: _____

Easily Discouraged: _____

Hyperactive: _____

Easily Distracted/Short Attention Span: _____

Bites/Scratches/Kicks: _____

Anxiety: _____

Phobias: _____

Self-Abuse _____

Inappropriate/overt sexual behavior: _____

Inappropriate behavior around children: _____

Conviction of Sexual Offense: _____

Other: _____

Successful types of positive reinforcement:

Are there any settings or activities that might cause behavior difficulties? (i.e., noisy surroundings, airplanes, escalators, elevators, flashing lights, etc.?) _____

Describe the best way to get the participant involved in an activity: _____

Please indicate the best way to introduce or explain new tasks or transitions: _____

Please indicate what types of things frustrate the participant: _____

How can the participant be redirected? _____

Is this the first experience for the participant with our department? Yes No

If NO please list the name and dates of the last few programs attended: _____

Any additional information you think may be helpful to know:

PICK UP and DROP OFF INFORMATION

- ACCESS- Metro
- Walks Home Independently
- Parent/Guardian
- Group Home/Caretaker
- Family or Friend
- Public Transportation- (The participant can leave at own will)

Please list any concerns of transportation arrangements: _____

This information form will be kept on file in the Recreation Office.

Waiver of Liability/Assumption of Risk

I am 18 years of age or older, fully competent and am the parent or legal guardian of the individual identified in this Liability Waiver form as the Participant. It is important to me that I and/or the Participant be allowed to participate in recreation programs and community events offered by the Shoreline Parks, Recreation, and Cultural Services Department. I understand that these programs and events include, but are not limited to, dance, sports, fitness, aquatics, and other special interests classes, and I understand there are special dangers and risks inherent in these programs and events including, but not limited to, the risk of serious physical injury, death, or other harmful consequences which may arise directly or indirectly from my participation and/or the Participant's participation in the activity. HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS and in consideration of me and/or the Participant being allowed to participate in the activity and/or use the City facilities, I assume all risk of injury, damage, and harm to myself or the Participant which may arise from my participation or the Participant's participation in the activities or use of City facilities. I further agree to release and hold harmless the City of Shoreline, its officials, employees, and agents, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline, its officials, employees, and agents for any personal injury, death, or harmful consequences occurring to me or my child/ward arising out of my participation or the Participant's participation in the activity.

Photograph/Video Release

I hereby authorize the use of the photographs and/or videotapes of me or the Participant as part of the City of Shoreline promotions. I understand that if I do not wish to have photographs taken, I must call (206) 801-2600 to request a photo waiver.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

SIGNATURE OF LEGAL GUARDIAN: _____ DATE: _____

Please mail or bring this original, signed copy to:

**Spartan Recreation Center
202 NE 185th Street
Shoreline, WA 98155
Attn: Specialized Recreation Staff**

