

# Scottsdale Adaptive Recreation Application

Required for all City of Scottsdale Adaptive Rec participants  
every 3 years unless updates to medical history.



## Select Program

- ☐ After School Program (ASP), K-5<sup>th</sup>    ☐ Summer Camp, 1<sup>st</sup>-5<sup>th</sup>    ☐ Summer Camp, 6<sup>th</sup>-8<sup>th</sup>  
☐ Social & Rec Activities, Age 16+    ☐ Special Olympics Sports, Age 8+

## Participant Information – To be completed by the participant or parent/guardian/caregiver.

Participant First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Preferred Name if different from above: \_\_\_\_\_ Gender: \_\_\_\_\_  
Primary language spoken by participant: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Home Address: \_\_\_\_\_

## Parent/Guardian Information – Required if minor or otherwise has a legal guardian.

(1) Parent/Guardian Name: \_\_\_\_\_ ☐ Emergency Contact  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

(2) Parent/Guardian Name: \_\_\_\_\_ ☐ Emergency Contact  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

## Emergency Contact ☐ Same as Parent/Guardian

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

## Medical Information

Primary Diagnosis: \_\_\_\_\_  
Other/Secondary: \_\_\_\_\_

Does the participant have any allergies? ☐ Yes ☐ No

If YES, please list known allergies and reaction(s): \_\_\_\_\_

Does the participant have specific dietary requirements? ☐ Yes ☐ No

If YES, please specify: \_\_\_\_\_

Does the participant have a known history of seizures? ☐ Yes ☐ No

If YES: Last seizure date?

Medication? ☐ Yes ☐ No

Does the participant have diabetes that requires insulin? ☐ Yes ☐ No

If YES, please specify treatment/management: \_\_\_\_\_

**Assistive Devices** – *Does the participant use any of the following? Check all that apply:* \_\_\_\_\_

Mobility:

☐ Walker ☐ Braces, cane, or crutches ☐ Wheelchair ☐ Prosthetics ☐ Orthopedic devices

Communication:

☐ Hearing Aid ☐ Amplification device ☐ Communication device ☐ Sign Language

☐ Braille or Large Print

Lifestyle Aid:

☐ Glasses, contact lenses, or protective eyewear ☐ Dentures

**Activities of Daily Living/Personal Care** – *Adaptive Recreation staff does not provide personal care.* \_\_\_\_\_

Does the participant independently use the restroom? ☐ Yes ☐ No

Does the participant need verbal cues to use the restroom? ☐ Yes ☐ No

Does the participant use diapers/pull-ups? ☐ Yes ☐ No

**NOTE: Participants must be physically independent in bathroom needs.**

Does the participant need assistance with eating? ☐ Yes ☐ No

If YES, please describe: \_\_\_\_\_

Please check the boxes below that best describe the participant:

**Mobility**

- ☐ Can walk and run without assistance
- ☐ Can walk with someone standing by to help (minimal assistance)
- ☐ Uses wheelchair for all mobility, transfers independently
- ☐ Uses wheelchair for all mobility, transfers with assistance
- ☐ Uses wheelchair for all mobility, does not transfer

**Safety**

- ☐ Will stay with group
- ☐ Will wander away from group, but return if their name is called
- ☐ Is a flight risk
- ☐ Can recognize dangerous situations
- ☐ Can manage own money
- ☐ Can swim independently without flotation device
- ☐ Can cross street independently

**Social**

- ☐ Interacts well with others
- ☐ Is cooperative with peers
- ☐ Expresses their needs
- ☐ Hits or strikes others
- ☐ Exhibits self-harm behaviors
- ☐ Uses foul language
- ☐ Reacts negatively to losing games

**Sensory**

- Sound: ☐ Seeks ☐ Avoids ☐ N/A
- Touch: ☐ Seeks ☐ Avoids ☐ N/A
- Visual: ☐ Seeks ☐ Avoids ☐ N/A
- Taste: ☐ Seeks ☐ Avoids ☐ N/A
- Smell: ☐ Seeks ☐ Avoids ☐ N/A
- Movement: ☐ Seeks ☐ Avoids ☐ N/A

**Behavioral**

Describe general mood: \_\_\_\_\_

If applicable, describe effective ways to reduce disruptive reactions or behaviors:

\_\_\_\_\_

**Support**

Who is involved in supporting the participant on a regular basis? Select all that apply.

- ☐ Parent/Guardian ☐ Caregiver/Respite ☐ Family Member ☐ Healthcare provider ☐ Other

**Participant Activity Interests**

Knowing a participant is important to us! Please list any likes and dislikes of activities, TV and music interests, etc:

**LIKES:**

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**DISLIKES:**

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Please list any other information that would be important for us to know about the participant:

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## **Publicity Release**

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I \_\_\_\_\_ grant permission to the City of Scottsdale to use the likeness, voice, or words of \_\_\_\_\_ on television, newspaper, film, and/or media for educational purposes and/or the purpose of promoting Adaptive Recreation and their activities, programs, and events.

\_\_\_\_\_  
Participants Signature (if own guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Date

## **Release of Liability for Transportation in a City of Scottsdale Vehicle**

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Transportation for Adaptive Recreation activities will be by vehicles owned by or leased to the City of Scottsdale. The drivers of these vans will be City of Scottsdale part-time or full-time employees or volunteers. These employees and volunteers are not professional drivers.

I hereby give permission to be transported by a van owned or leased by the City of Scottsdale and driven by a part-time or full-time City of Scottsdale employee or volunteer to and from sites for all Adaptive Recreation activities.

I understand that physical injury may occur during participation in this program.

I have read and understand that City of Scottsdale employees and volunteers, who are not professional drivers, will drive City of Scottsdale or Rental vehicles.

I understand that transportation by these vehicles involves all the risks associated with car or vehicle travel, including collision, rollover, and vehicle-pedestrian accidents. I also understand that transportation in a City of Scottsdale vehicle could result in physical injury or death. The undersigned acknowledges and expressly ~~Choose an item.~~ to hold harmless and indemnify the City of Scottsdale and its representatives, to the maximum extent allowed by law, for any and all damages, claims, or expenses that arise from being transported in a City of Scottsdale vehicle.

\_\_\_\_\_  
Participants Signature (if own guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Date