

TOWN OF HAMBURG RECREATION DEPT.
4540 SOUTHWESTERN BLVD., HAMBURG, NY 14075
646-5145; www.hamburg-youth-rec-seniors.com

A. Personal Information:

1. Last Name_____ First_____ M.I._____
Address_____ City_____ Zip_____
Phone #_____ D.O.B._____ Age_____
2. Parent / Guardian / Group Home Staff (Circle One)
Name_____ Phone #_____
Address_____ City_____ Zip_____

B. Emergency / Medical Information

1. Emergency Contact (Program Hours)
Name_____ Phone #_____
2. Family Doctor or Pediatrician_____
Address_____
3. List medication(s) participant receives (include time given and amount)

4. List any allergies_____
Does participant experience seizures?_____ Type_____

C. Physical / Gross Motor Information

1. List any limitations on participant in relation to recreational participation

2. List any area where participant requires assistance (circle applicable):
A.) Standing B.) Walking C.) Climbing Stairs
D.) Eyesight E.) Wheelchair F.) Braces

D. Social / Behavior

1. Does participant communicate verbally? Yes / No
2. Does participant follow instructions? Yes / No
3. Does participant display aggressive behavior? Yes / No
4. Does participant need assistance dressing? Yes / No
5. Does participant need assistance toileting? Yes / No
6. Does participant need to wear special
undergarments due to incontinence? Yes / No

For each item marked yes, please list specific instructions _____

7. Does participant require 1:1 supervision? Yes / No

OVER FOR MORE

E. Miscellaneous

- Would participant be interested in swimming lessons? Yes / No
- Do you grant permission for photographs to be taken
and possibly used in promotional materials for Town
Recreation programs? Yes / No

Please sign and return this form with fee and note from participants doctor clearing he/she for participation.
Please note that the program is held at the Frontier High School pool.

(Signature)

(Date)