



Town of Hamburg Youth, Recreation & Seniors  
4540 Southwestern Blvd. Hamburg NY 14075  
646-5145



#### ADAPTIVE PROGRAM PARTICIPANT FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Town/City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

CIRCLE -- Parent/Guardian/Group Home (please give agency name) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address if different from above \_\_\_\_\_  
Phone \_\_\_\_\_ cell \_\_\_\_\_  
E-mail \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ cell \_\_\_\_\_  
MUST have 2 contacts listed Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ phone \_\_\_\_\_  
MEDICATIONS (time received) \_\_\_\_\_

ALLERIGES \_\_\_\_\_

Does participant experience seizures? Yes No Type \_\_\_\_\_

PHYSICAL/GROSS MOTOR SKILLS Please check all where participant requires assistance.....

Standing \_\_\_\_\_ Walking \_\_\_\_\_ Climbing stairs \_\_\_\_\_ Toileting \_\_\_\_\_

Does participant have any problems with .... eyesight \_\_\_\_\_ hearing \_\_\_\_\_ understanding directions \_\_\_\_\_  
If any checked please explain \_\_\_\_\_

SOCIAL/BEHAVIORAL Please check all that apply and explain.

Does participant communicate verbally? Yes \_\_\_\_\_ No \_\_\_\_\_

Does participant follow directions? Yes \_\_\_\_\_ No \_\_\_\_\_

Does participant display aggressive behavior? Yes \_\_\_\_\_ No \_\_\_\_\_

Do they need 1:1 supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

Any additional information about LIMITATIONS in relation to this program \_\_\_\_\_

DO YOU GRANT PERMISSION FOR PHOTOS to be taken for promotional use by the Town of Hamburg  
Recreation? Yes \_\_\_\_\_ No \_\_\_\_\_

Please sign \_\_\_\_\_ Date \_\_\_\_\_