



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 _____