

**Owatonna Park and Recreation
Therapeutic Recreation Program
Adaptive Programs for Youth**

Program: _____	Today's Date
Participant's Name: _____	_____
Parent/Guardian's Name: _____	
Address: _____	
Home Phone: _____	Cell Phone: _____
Work Phone: _____	
Parent's e-mail address: _____ (important for communication)	
School Attending: _____	Birthdate: _____

Primary Disability/Diagnosis: _____

Limitations/Barriers to Participation: _____

Accommodations needed: _____

Medications: (list types) list those taken under Park & Recreation supervision _____

Name of Personal Care Attendant (if accompanying your child): _____

Other 1:1 assistance needed to participate in this group: _____

Other special instructions for Park and Recreation staff regarding communication, behaviors, mobility etc.: _____

Special dietary needs: _____

Emergency contact (other than parent): _____ **Phone:** _____

Data Practices Act requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. This information can be shared with Owatonna Park and Recreation Staff and volunteers working directly with the participant mentioned. It is otherwise confidential. You may withhold this data, but we may not be able to complete your registration without further consultation. Your signature on this form indicates you understand these rights.

Parent / Guardian Signature _____

Photo Waiver: Please check here if you do not wish the participant's name/picture to be used for publicity purposes. _____

All registrants MUST read and sign this waiver before participating in any Owatonna Park and Recreation programs. In consideration of you accepting my or my child or ward's entry. I hereby, for myself, my child or ward, my spouse, heirs, and successors assigns, waive, release, any and all rights and claims that I, my spouse, or my child or ward may have against the City of Owatonna, its servants, agents, or employees, for any and all injuries or other damages arising out of or connected with participation in the above activities. I further agree and consent to emergency treatment of my child or ward by a physician in the event that I cannot be reached.

Parent / Guardian Signature _____