



**PARKS AND RECREATION DEPARTMENT
INCLUSION PROFILE FORM**

PARTICIPANT INFORMATION:

Participant's Name _____

DOB: _____ M _____ F _____ Age/Grade/School _____

Address: _____ City: _____ Zip: _____

Phone # (HM/Cell) _____ (WK) _____

Parent/Guardian Names _____

EMERGENCY CONTACTS (name up to 2)

Name _____

Name _____

Relationship _____

Relationship _____

Phone # _____

Phone # _____

MEDICAL INFORMATION:

Disability/Diagnosis _____

Doctor's Name _____ Phone # _____

Insurance Company _____ Policy # _____

Limitations (mobility, sensory, mental, etc.) _____

Name of Medication	Dosage	Dispensing Times	Will Staff Dispense?

Note: All medications must be given to program supervisors in its original container, with instructions clearly printed on the container.

Does participant have a seizure history? ___Yes ___No

If yes, what was the approximate date of the last seizure? _____

What are the warning signs for a seizure? _____

Does participant require rest after a seizure? ___Yes ___ No

Please describe how staff should respond to the seizure _____

Dietary Restrictions: _____

Does participant use/wear any of the following:

<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Contact Lenses	<input type="checkbox"/>	Prosthetic devices
<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	Hearing Aid	<input type="checkbox"/>	Orthopedic devices
<input type="checkbox"/>	Dentures	<input type="checkbox"/>	Crutches/Cane	<input type="checkbox"/>	Communicative device

Other/Explanations:

ACTIVITIES OF DAILY LIVING/PERSONAL CARE

Please indicate participant abilities by checking appropriate boxes:

Mobility

- Can walk, run without assistance
- Can walk, run without assistance on flat surfaces only
- Can walk but uses braces, crutches, cane
- 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
- Requires wheelchair accessible van for transportation

Mealtimes

- Requires no assistance with meals, feeds self independently
- Requires little assistance (carrying tray, pouring liquids, cutting)
- Needs total assistance with meals
- Participant is diabetic
- Requires tube feeding
- Participant has special diet needs, they are as follows:

Safety

- Will stay with group
- Will wander away from group but return when their name is called
- Is flight risk
 - If yes, why? (attraction, fear, frustration, etc.) _____
- Can recognize dangerous situations
- Can manage own money
- Can swim independently
- Can cross the street independently

Toileting

- Totally independent in toileting
- Needs assistance getting on and off toilet
- Needs assistance wiping or aiming
- Needs frequent reminders to use bathroom
- Uses diapers/Depends at night only
- Uses diapers/Depends all day
- Complete transfer on and off toilet

PARTICIPANT BEHAVIOR

Please describe participant’s general behavior and moods (i.e. happy, shy, cautious, etc.)

Does the participant exhibit any of the following behaviors?

Behavior	Yes/No	Comments
Withdrawn/Shy		
Easily discouraged		
Hyperactive		
Short attention span		
Easily distracted		
Bites self/others		
Physically harms self/others		
Manipulative		
Other		

Is participant currently using behavior plan at home/school? ____ Yes ____ No

If yes, please explain and/or attach a copy:

Please describe any disruptive behaviors and effective ways to reduce them:

Does the participant have any fears or phobias (i.e. fear of dogs, heights, etc.)?

____ Yes ____ No

If yes, please explain: _____

Please indicate the best way to introduce new tasks and transitions:

Please indicate what types of things frustrate the participant: _____

Please list participant's leisure interests, hobbies, etc. _____

Are there any settings or activities that might cause behavior difficulties (i.e. noisy surroundings, airplanes, escalator, flashing lights, etc.)? _____

SOCIALIZATION

(Please check all that apply)

	Yes	No
Interacts well with peers		
Prefers to be alone		
Interacts well with adults		
Prefers large groups		
Prefers small groups		
Enjoys group outings		

Additional Comments: _____

AUTHORIZATION TO DISPENSE MEDICATION

The undersigned acknowledges that any and all medications are given to City of New Braunfels staff in their original container and that instructions on the pharmaceutical container are accurate. Furthermore, the undersigned agrees to allow the City of New Braunfels staff to present medication to their son/daughter/legal charge and waive any claims against the City of New Braunfels and/or its staff.

Participant's Signature (if over 18)

Date

Parent/Guardian Signature (if applicable)

Date

PHOTO RELEASE:

I do hereby signify by my initials that I understand photographs taken during Parks & Recreation programs may be used by the City of New Braunfels Parks & Recreation Department for promotion of classes and events. Further, I acknowledge to have read and understood all the information contained on this document and to have approved all releases, permits and waivers contained herein.

Participant’s Signature (if over 18) Date

Parent/Guardian Signature (if applicable) Date

AUTHORIZATION AND RELEASE

KNOW ALL BY THESE PRESENTS:

By signing below as “RELEASOR”, and in consideration of the privilege of participating in any City of New Braunfels Parks Department (“CITY”) activity or in consideration of renting or using any CITY personal, real, or any other property, I do for myself and my minor child or children, my heirs, executors, representatives, administrators, and assigns, hereby release, indemnify, defend and hold harmless CITY and all of its officers, officials, agents, employees and invitees, in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, injury to, or debt of any person, or of loss of, damage to, or loss of use of any property arising out of or in connection with the above described rental or CITY activity. Such indemnity shall apply whether the claims, suits, losses, damages, causes of action or liability, arise in whole or in part from the consequences of CITY’S own negligence where that negligence is a concurring cause of injury, death, or damage. CITY is responsible for its own sole negligence provided, however, CITY is not responsible for a good faith action or inaction to render assistance in the event of property damage or personal injury.

RELEASOR understands that this waiver of liability and indemnification is intended to be as broad as possible and as inclusive as permitted by the laws of the State of Texas and that if any portion is held invalid, then the balance shall continue in full legal force and effect. It is further understood that execution of this waiver of liability and indemnification will not constitute a waiver by CITY of the defense of governmental immunity, where applicable, or any other lawful defense.

Participant’s Signature (if over 18) Date

Parent/Guardian Signature (if applicable) Date