

PROGRAM SUPPORT

The information helps City of Burnaby staff determine what support is necessary and available for this participant.

- Please complete this form and give it to the staff responsible for each program, well in advance of the start date, so that we can ensure a safe and enjoyable experience.
- If you haven't already done so, you will also need to complete a Participant Profile Form. Forms are available at Burnaby registrations locations or go to our website, www.burnaby.ca/forms.
- Additional documents may be required, depending on the needs identified.

Please Note: The standard response in the event of a medical emergency is to call 9-1-1, then call the parent or guardian. The information on this form is for staff use. Information on this form may also be provided to 9-1-1 personnel in the event of an emergency.

ACCESSIBLE RECREATION

We are committed to providing opportunities for people with disabilities to get involved in the recreation activities of their choice. We aim to:

- Advocate** on behalf of people with disabilities
- Assist** individuals with accessing their choices
- Educate** the public and staff about disability issues.

Refer to the following documents for information on support options:

Information for participants – with disabilities

This section is for STAFF use only.

Participant Name: _____
First Name Last Name

Participant Name: _____ Phone: _____
First Last

Program Name: _____ Program Location: _____

PROGRAM SUPPORT ASSESSMENT – Participants with Disabilitiesa. Please describe disability: _____
_____b. What support/accommodations are required in order to take part in activities?

_____c. Communication ability: Verbal Non-verbal Signing Other (Please describe)

_____d. Personal care required and/or medications used:
_____e. Who will provide this care and/or administer the medications?
(City Staff/Volunteers cannot administer medications nor provide personal care)

Additional information that can help us ensure an enjoyable and satisfying experience for your child:

I declare that the information provided on this form is complete and accurate, and I am responsible for keeping this information up-to-date._____
Signature of participant (19yrs & older)
or parent/guardian/caregiver_____
Date