

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, two weeks in advance of the start date, so 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](#), available on 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, and 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 programs
Educate the public and staff about accessibility.

Refer to the following documents for information on support options:

[Information for participants - with disabilities](#)

FOR STAFF USE ONLY

Participant Name:

First

Last

PROGRAM SUPPORT PACKAGE

Participant Name:

First

Last

Program Name:

Location:

Home Phone:

Cell:

PROGRAM SUPPORT ASSESSMENT PARTICIPANTS WITH DISABILITIES

A. 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 Medication used:

E. Who will provide care and/or administer medication?

(City Staff/Volunteers cannot administer medication, 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 (19 years & over), or Parent/Guardian/Caregiver

Date