Town of Parker COLORADO™
PARKS AND RECREATION

Therapeutic Recreation Assessment Form

Please complete this form in its entirety prior to participation in therapeutic programs. The Town of Parker respects your privacy, and all information contained herein will remain confidential. Please contact Terry Bickel at 303.805.3208 or tbickel@parkeronline.org with questions. Thank you for your cooperation with the Parker Parks and Recreation Department.

General Information

Name: _____ Age: _____ DOB: _____ Gender: ☐ M or ☐ F
Email: _____
Address: _____ City: _____ Zip: _____
County: _____ Phone: _____
Primary Disability: _____ Date of onset: _____
Secondary Disability (if any): _____ Date of onset: _____
Group or Agency: _____
Agency Contact: _____ Phone: _____

Emergency Information

Primary Contact: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Secondary Contact: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information

Equipment used (Check all that apply)

Equipment Type:
☐ Wheelchair ☐ Walker ☐ Cane
☐ Oxygen ☐ Assistance Animal ☐ Prosthetic
☐ Glasses/Contacts ☐ Orthopedic Device ☐ Hearing Devices
☐ Personal Assistant ☐ Catheter ☐ Diapers
☐ Other: _____

How often? ☐ Daily ☐ For Long Trips Only ☐ Very Seldom/As Needed

*****Please note: Assistance with personal care will not be provided by Parker Parks and Recreation Staff/Volunteers*****

Medications

Please list all of your medications and possible side effects.

Medication	Dosage	Side Effects

*****Please note: Assistance with medications will not be provided by Parker Parks and Recreation Staff/Volunteers*****

Please list any allergies/reactions: _____
_____

Any seizure activity? ☐ Yes ☐ No

Type: _____ Frequency: _____ Date of Last Seizure: _____
Signs of seizure activity to watch for: _____

(OVER)

If you have Down's Syndrome, have you ever been diagnosed with Atlanto-Axial Instability? ☐ Yes ☐ No

Do you have any restrictions that limit your activity? ☐ Yes ☐ No
Comments: _____

Communication
Check all that apply:

☐ Verbal ☐ Non Verbal ☐ Sign Language ☐ Communication Board/Device

Behavioral Considerations

Aggression towards self	☐ Yes	☐ No
Aggression towards others	☐ Yes	☐ No
Unusual fears or concerns	☐ Yes	☐ No
Management techniques	☐ Yes	☐ No

Comments: _____

_____

Supervision Needs
☐ Independent
☐ Line of Sight (needs occasional monitoring)
☐ Instructor Proximity (constant contact)
☐ One-on-One Assistance (Please describe): _____

Waiver of Liability and Release
I, the undersigned participant/parent or guardian of the participant, recognize and acknowledge that activities with the Town of Parker Parks and Recreation Department involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result from participant action, inaction, negligence of others, rules of play, or the condition of the premises or any equipment used thereon. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned.

In my absence, I authorize the employees of the Town of Parker and the instructor or coach of my (my child's) team/activity to call for emergency rescue services should they be necessary in the case of injury or suspected injury, or during the times that the above named individual is participating in an activity sponsored by the Parker Parks and Recreation Department. I authorize the attending physician at the hospital to administer necessary emergency medical care to the above individual upon arrival at the hospital. I will accept responsibility for the payment of any and all treatment provided therein including emergency rescue services.

I certify that the above named is capable of participating safely in Town of Parker Parks and Recreation Department programs. I understand that the Town of Parker does not provide accident, health, or life insurance coverage for the above named participant during program participation.

I further understand that I am legally responsible for actions of the above named individual including, but not limited to, any damage to private or public property. I am legally responsible for my own and/or my child's welfare and actions including personal needs and medical expenses.

I agree to indemnify and hold the Town of Parker, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury which may result from my or my child's participation in activities sponsored by the Town of Parker Parks and Recreation Department. This release of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of the Town. I further agree to release, waive, and discharge, and covenant not to sue the Town for any claims, demands, or actions whatsoever arising out of any damage, loss, or injury incurred on or to me or my child as a result of my participation or my child's in activities sponsored by the Town. This release of liability and indemnity applies to me, the undersigned, or my child, as well as any personal representatives, assigns, heirs, and next of kin.

Finally, I give my consent to use any photographs or videotape taken of me (my child) while participating in any Town of Parker Parks and Recreation Department program in future promotional or marketing materials. I have fully read and understand the effect of the relinquishment of the rights I hereby waive.

_____ _____
Signature of Participant or Parent/Guardian (as applicable and for minors) Date