PARTICIPANT ANNUAL INFORMATION FORM 2022

The Western DuPage Special Recreation Association requires that an Annual Information Form **be completed yearly in order to participate in recreational programs.**

PLEASE PRINT and return this form: WDSRA, 116 N. Schmale Road, Carol Stream, IL 60188
or scan and email form to registration@wdsra.com. Call (630) 681-0962 with any questions.

Participant General Information

Name: _____ Birth date: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

School/Employer/Agency: _____ Do you pay Park District taxes: Yes ☐ No ☐

Participant Shirt Size: _____

Are you your own guardian? Yes ☐ No ☐

Primary Program Contact Information – this information will be used for all program phone calls, calling posts, and email communication.

Name of Contact: _____

Phone: _____

Email: _____

Parent/Guardian General Information

Billing Address (if different from above) _____

Third Party Payment: _____

Parent/Guardian #1 First Name: _____ Last Name: _____ Cell Phone: _____

Employer: _____ Position: _____ Phone: _____

Parent/Guardian #2 First Name: _____ Last Name: _____ Cell Phone: _____

Employer: _____ Position: _____ Phone: _____

Emergency Contact

Please give the name of a relative or friend who can respond for your family member in case of an emergency when you cannot be reached.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Disabilities

Primary: _____ Secondary: _____

Adaptive Equipment (check which ones apply): If participant uses a wheelchair a Transfer Plan form must be completed.

N/A-Ambulatory ☐ Wheelchair: Electric ☐ Manual ☐ AFO/Splints/Braces ☐ Cane/Crutches ☐ Walker ☐
Other: _____

Special Instructions on Orthopedic Equipment _____

Hard of Hearing/Deaf

Which ear?_____ Wears hearing aid in which ear?_____

Needs a sign language staff during programs? Yes ☐ No ☐

Communication

Verbal and clearly understood ☐ Verbal but not clearly understood☐ Non-verbal ☐

Able to Read☐ Able to Write☐ Uses Communication Board/Book? Yes ☐ No ☐

Uses iPad to communicate Yes ☐ No☐ Other communication devices _____

Uses sign language? Yes☐ No☐ Uses homemade sign language? Yes ☐ No ☐

Allergies

Allergy	Reaction	Treatment

Dietary Restriction

Please list any dietary restrictions:_____

Medication/Medical

Please provide us with a list of the current medication being taken. This information is used in emergency situations. If medication is given at a program, an additional form needs to be completed. Any prescription or over the counter medication taken during WDSRA programs/trips must be in a WDSRA medication envelope. Each envelope must be labeled with Participant name, date, time to be taken and the number of pills. IF TAKING MORE THAN EIGHT MEDICATIONS, PLEASE ATTACH A SEPARATE SHEET WITH THE INFORMATION

Medication Name:

1._____ 5._____

2._____ 6._____

3._____ 7._____

4._____ 8._____

Can you/participant self-administer their medication? Yes ☐ No ☐

Permission for WDSRA staff to administer medication during program/trips? Yes ☐ No ☐

Doctor Restrictions:_____

Seizure Information

Does the participant have seizures? Yes ☐ No ☐

If yes, a Seizure Questionnaire must be completed.

Please know that if there are any medical concerns (including but not limited to, Grand Mal Seizure), 911 will be called.

Daily Living Skills

Can Eat:

☐ Independently ☐ Independently with reminders ☐ Only with assistance
☐ Cannot feed self ☐ Cannot choose and order meals ☐ Unable to follow prescribed diet
☐ Unable to cut own food ☐ Doesn't know food to avoid ☐ Does not chew food completely

Additional info: _____

Can Toilet:

☐ Independently ☐ Independently with reminders ☐ Only with assistance
☐ Cannot manipulate clothing ☐ Transfers on/off toilet ☐ Unable to sit on toilet
☐ Unable to manipulate & use toilet tissue ☐ Uses modified adult undergarment ☐ Females: Assistance needed with menstrual care

Additional info: _____

Able to manage spending money? Yes☐ No☐ Explain: _____

Behavioral

Easily distracted ☐ If so, explain: _____
Manipulative ☐ If so, explain: _____
Self-abusive ☐ If so, explain: _____
Aggressive ☐ If so, explain: _____
Tantrums/Meltdowns ☐ If so, explain: _____
Verbal Outbursts ☐ If so, explain: _____
Complies with verbal requests and directions? Yes ☐ No ☐
Responds to specific verbal/non-verbal directions? Yes ☐ No ☐
Responds to positive reinforcement? Yes ☐ No ☐

Sensory

Does participant have sensitivity issues? Yes ☐ No☐ Please describe: _____
Does participant seek sensory input? Yes ☐ No☐ Please describe: _____
Does participant use visual supports? Yes ☐ No☐ Please describe: _____

Releases

If over 21, permission for participant to consume alcohol during program/trip? (2 drink maximum) Yes ☐ No ☐
Permission for WDSRA staff to allow participant to remain after programs independently? Yes ☐ No ☐
Permission for WDSRA to print participant name, address, birthdate, phone number in a Phone Book and/or Athletic Team Roster to share with other participants? Yes ☐ No ☐

Swim Information

Does participant know how to swim? Yes ☐ No ☐ Use flotation device? Yes ☐ No ☐ Use ear plugs? Yes ☐ No ☐
Is participant allowed to swim in deep water? Yes ☐ No ☐

Helpful Suggestions
Share any information that would help WDSRA to work successfully with your participant.
(Communication, fears, positive reinforcement suggestions, behavior management, and other helpful hints. Please attach a separate piece of paper if needed.)

_____

_____

_____

Demographics – Grants help us keep the cost of programs down. Some of our grant applications require that we provide demographic information on the families/participants that use our services. This information is used for grant purposes only. This section is optional.

Please circle household size & follow the line to circle income level	Column A Is your household income this amount or less?	Column B Is your household income greater than Column A but no greater than this amount?	Column C Is your household income greater than Column B but no greater than this amount?	Column D Is your household income this amount or higher?
1	$19,600	$32,650	$39,180	$52,200
2	$22,400	$37,300	$44,760	$59,650
3	$25,200	$41,950	$50,340	$67,100
4	$27,950	$46,600	$55,920	$74,550
5	$30,200	$50,350	$60,420	$80,550
6	$32,450	$54,100	$64,920	$86,500
7	$34,700	$57,800	$69,360	$92,450
8 or more	$36,900	$61,550	$73,860	$98,450

Ethnicity (check all that apply):

☐ I do not wish to furnish this information ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Race:

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ White ☐ Black or African American

******REQUIRED******

_____
PRINT NAME OF PERSON SIGNING FORM

_____ _____
*******PARTICIPANT SIGNATURE or PARENT/GUARDIAN (IF UNDER 18)** **DATE**