

Therapeutic Recreation Support Request



STAFFORD

Parks, Recreation & Community Facilities

Participant Information

Name: _____ Parent Name: (if <18) _____

Birthdate: _____ Age: _____

Email Address: _____

Phone Number(s): H: _____ M: _____

Mailing Address: _____

Please describe the participants disability (be specific): _____

Do you use a mobility device? YES NO

If yes, what kind? _____ How much of the time? _____ %

Height: _____ Weight: _____

Is there a history of seizures? YES NO Frequency? _____

Does the participant have any known allergies? YES NO

If yes, please explain: _____

Is there **any** other medical condition or concern that could impact participation? YES NO

If yes, please explain: _____

Are there any specific modifications or adaptations we can make that will assist us in serving you?

If yes, please describe: _____

Are you currently taking any medications? YES NO

If yes, please list them: _____

Can the participant independently communicate? YES NO

If no, please explain: _____

Does the participant utilize a personal aid/e? i.e. interpreter, 1 on 1, tablet etc? YES NO

If yes, please explain: _____

Behavioral Motivators: _____

Behavioral Triggers: _____

Behavioral Strategies or Suggestions: _____

Have you participated in therapeutic recreation or adaptive sports before? YES NO

If yes, where and when? _____

What is the primary reason for joining this specific program? i.e. goals, motivations? _____

Programs participant is registering for? _____

Please Initial:

_____ I understand Stafford County Parks, Recreation and Community Facilities staff do not provide personal care (including but not limited to: toileting, dressing and transportation outside of the program). However, we will gladly accommodate the participant's personal care aid/companion with our programs.

_____ I affirm that the above is accurate and true. I understand inclusion services are designed to assist the participant in desired recreational pursuit and assure their specific accommodation needs are met. All participants are held to the same minimum conduct standards appropriate for each program.

_____ I understand completion of this form is required. Information provided to Stafford County Parks, Recreation and Community Facilities will be kept confidential. Information will only be shared with SCPRCF affiliated personnel when it is in the best interest of the participant and to support successful participation in a program

PRINT: _____ SIGN: _____ DATE: _____

All support requests and registration forms are valid for 1 calendar year unless participant has experienced any medical changes. This includes but is not limited to, a change in status or diagnosis, change in medication, undergone surgery or changed assistive device.

Completed form can be returned to the Rowser Complex at:
1739 Jefferson Davis Hwy
Stafford, VA 22554

mailed to:
Stafford County PRCF
PO Box 339 Stafford, VA 22555

or e-mailed: trec@staffordcountyva.gov

