



Troy Adaptive Recreation Medical Form

All participants in a program lasting 3 weeks or longer are required to complete this form prior to the class beginning. This form must be updated annually, or any time information changes. Prior to participation, please fill out and return to *adaptive@troymi.gov* or drop off in person to Troy Community Center, Attn: Meghan Veiga.

Participant's Name: _____ Age: _____ Birthdate: _____ Phone: _____

Participant's Address: _____

Primary Emergency Contact(s):

Relationship to Participant: Parent Family member Caregiver Home manager

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Secondary Emergency Contact:

Relationship to Participant: Parent Family member Caregiver Home manager

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Will participant be accompanied by a 1:1 aide/caregiver? Yes No

Name of caregiver or home health company: _____

Phone # for aide/caregiver: _____

Participant's Legal Guardian: _____

Medical Information

Primary disability: _____

List any medications you are taking: _____

If any medications will need to be administered during programming, please fill out the medication administration form on reverse side.

List any medications you are allergic to: _____

Please check all that apply and if so, explain further:

Allergies: _____

Seizure: Date of last seizure: _____ Type of seizures: _____

Communication barriers: _____

Cognitive disability: _____

Physical Challenges: _____

Neuro-Psych Challenges: _____

Respiratory problems: _____

Urinary problems: _____

Any other activity restrictions or behavior characteristics we should be aware of: _____

I have listed all known medical conditions and will advise the Recreation Department of any changes. I hereby voluntarily release and hold harmless the City of Troy from all liability for all types of damages or injuries, foreseeable or not, sustained by my child, myself and other family members while participating, watching, and traveling to or from all Troy Recreation activities.

I grant permission for this participant to attend off campus activities/trips. _____ (initials)

Signature of Parent/Guardian: _____ Date: _____



Troy Adaptive Recreation Code of Conduct

Note: Prior to participation, please fill out and return to adaptive@troymi.gov or drop off in person to Troy Community Center, Attn: Meghan Veiga.

For the safety and the enjoyment of all, participants are required to adhere to the following code of conduct.

- Keep hands, feet and other objects to yourself at all times.
- Swearing, other abusive language, and inappropriate hand gestures are not allowed.
- Disruptive behavior such as yelling, harassing others and destruction of property is not allowed.
- No smoking or drinking is allowed, even if you are of age.
- Participants must stay with their group or chaperone as directed.
- Participants must follow directions of staff at all times.
- We recommend that participants be escorted in and picked up by their parent/guardian at all events.

Failure to comply with any of these rules will result in discipline as follows:

1. Oral warning: an official warning that the conduct is unacceptable.
2. Oral warning and the parent/guardian will be called to pick participant up.
3. Suspension from programs: parent/guardian will be called to pick participant up, and you will not be allowed back for a specified period of time.
4. Participant may no longer be allowed to attend the program or may be allowed to attend only with an escort.

Discipline may be started at a higher level depending on the severity of the incident.

Please sign below indicating that you have read the code of conduct.

Signature: _____ Date: _____

For office use only

Date of Discipline	Reason	Action Taken (1, 2, 3, or 4 of above and time period if #3)