



## City of Arlington Parks and Recreation REQUEST FOR SPECIAL ACCOMMODATIONS

Program: \_\_\_\_\_ Site of Program: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

Considering the participant's abilities, what special accommodation is requested? \_\_\_\_\_

Does participant require one-on-one leader interaction?

☐ Yes

☐ No

Does the participant have a history of seizures?

☐ Yes

☐ No

Describe the participant's physical challenges? \_\_\_\_\_

Is participant self sufficient for daily needs/personal care include independence for toiletry needs?

What type of behavioral issues does participant have? \_\_\_\_\_

Can participant communicate verbally? \_\_\_\_\_

Can participant follow verbal, visual, physical directions? \_\_\_\_\_

Can participant function, with limited assistance, as a member of a large social group? \_\_\_\_\_

Reasonable accommodations will be made based on a review of the request for special accommodation. An accommodation would not be reasonable if it results in a fundamental change in the program. Each time a participant enrolls in a program, a new request for special accommodation must be made. Failure to make a timely request for a special accommodation may result in delay of the review and implementation of an accommodation or delay the participant's entry into the program. Participants will be unable to attend the program until the request has been reviewed and a determination has been made. Please allow up to five (5) working days for review.

**I have read (or had read to me) and understand the above information and the minimum requirements for the program on the back of this sheet. Therefore, I believe that with the requested accommodation the participant listed above meets program guidelines.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Comments:**

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**Minimum Requirements for Recreational After School & Day Camp Program**

To be eligible to participate in the After-School Program or Day Camp Programs, the participant must, with or without a reasonable accommodation:

- Be between five (5) and 12 years old or 11 – 15 years (Teen Camp)
- Be able to take responsibility for and handle his/her own personal hygiene and restroom needs.
- Be able to administer his/her own medication.
- Be able to follow instructions.
- Not pose an imminent threat of physical harm to himself/herself or others
- Be willing and able to comply with the program rules and regulations.
- Be able to take responsibility for and handle interactions with the other participants and staff.
- Have ability to mobilize without the assistance of staff.

The Parks and Recreation Department will allow a participant to provide a personal assistant or caregiver to enter the facility provided the personal caregiver or assistant: 1) is qualified to provide such care, 2) is designed/provided by the parent to provide such care, 3) has given approval following a criminal background check run by the City of Arlington and 4) abides by the rules and regulations of this program and the City.

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**Parent/Guardian Signature**

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**Date**

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**Physician's Signature** (required if caregiver is being processed)

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**Date**

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**Staff Signature**

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**Date**

**Staff Notes:**