



# 2023 Adaptive Playtown Application Form

Name \_\_\_\_\_ Nick Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Email \_\_\_\_\_

## Emergency Contacts (other than parent/guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

## Pick up Authorization (Only people listed will be allowed to pickup the participant)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

## Will a care giver accompany the participant to the program?

☐ No ☐ Yes, Name \_\_\_\_\_

## Is your child toilet trained?

☐ Yes ☐ No

- 22101 ☐ **Squirt** Age 5-7, Monday-Thursday, June 5-29, 9am-1pm, **Register by: Tuesday, May 24**  
22201 ☐ **Junior Camp** Age 8-10, Monday-Thursday, July 5-27, 9am-2pm, **Register by: Tuesday, June 14**  
22102 ☐ **Teen Camp** Age 11-15, Monday-Thursday, June 5-29, 9am-1pm, **Register by: Tuesday, May 24**  
22202 ☐ **Teen Camp** Age 11-15, Monday-Thursday, July 5-27, 9am-2pm, **Register by: Tuesday, June 14**  
22103 ☐ **Camp-A-Day** Age 16-21, Monday-Thursday, June 5-29, 9am-1pm, **Register by: Tuesday, May 24**  
22203 ☐ **Camp-A-Day** Age 16-21, Monday-Thursday, July 5-27, 9am-2pm, **Register by: Tuesday, June 14**

**Fee for each session - \$100**

**NEW THIS YEAR - All applications will go through a review process before acceptance into the program.**

**All applications must be complete in full before the review process can start.  
We will notify you that your application has been approved before payments will be processed.**

**Payment is due upon Registration, Registrations will not be processed without payment.**

**One check per form**

Type of Payment \_\_\_\_\_ Amount Enclosed/Authorized \$ \_\_\_\_\_ Today's Date \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 digit security code \_\_\_\_\_

Name on Card (Print) \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>Comprehension</b><br>When given 1 or 2 step verbal direction does this person<br><input type="checkbox"/> Always Understands<br><input type="checkbox"/> Usually Understands<br><input type="checkbox"/> Sometimes Understands<br><input type="checkbox"/> Rarely Understands<br><input type="checkbox"/> Never Understands  | <b>Communication</b><br><input type="checkbox"/> Good<br><input type="checkbox"/> Limited Conversation<br><input type="checkbox"/> Dominates Conversation<br><input type="checkbox"/> Interpreter Needed<br><input type="checkbox"/> ASL/Sign Language<br><input type="checkbox"/> English Language Learner   | <b>Living Situation</b><br><input type="checkbox"/> Independent<br><input type="checkbox"/> Foster Home<br><input type="checkbox"/> Semi-Independent<br><input type="checkbox"/> Group Home<br><input type="checkbox"/> Parent's Home<br><input type="checkbox"/> Other _____   |
| <b>Disability</b> (please explain below)<br><input type="checkbox"/> Autism/Aspergers<br><input type="checkbox"/> Developmental Disability<br><input type="checkbox"/> Downs Syndrome<br><input type="checkbox"/> Hearing Impairment<br><input type="checkbox"/> Physical Disability<br><input type="checkbox"/> Speech Impairment<br><input type="checkbox"/> Traumatic Brain Injury<br><input type="checkbox"/> Other _____ | <b>General Concerns</b><br><input type="checkbox"/> Behavior<br><input type="checkbox"/> Physical Limitations<br><input type="checkbox"/> Allergies<br><input type="checkbox"/> Runs without notice<br><input type="checkbox"/> Tendency to hide<br><input type="checkbox"/> Seizures<br><br><b>Most Comfortable Setting</b><br><input type="checkbox"/> Individual<br><input type="checkbox"/> Individual or Small Group<br><input type="checkbox"/> Small Group | <b>Activities Child Enjoys</b><br><input type="checkbox"/> Bowling<br><input type="checkbox"/> Baseball<br><input type="checkbox"/> Swimming<br><input type="checkbox"/> Yard Games<br><input type="checkbox"/> Going to the Zoo<br><input type="checkbox"/> Playground<br><input type="checkbox"/> Arts & Crafts<br><input type="checkbox"/> Golf<br><input type="checkbox"/> Swimming<br><input type="checkbox"/> Other _____ |

You must attach verification of your child's disability. Example: Copy of IEP or 504.  
 Your child will not be able to attend camp until ALL paperwork is complete and on file with the  
 Fargo Park District office.

Please explain all checked boxes

You will need to send with your child DAILY: sunscreen, bug spray, extra clothing, a water bottle (labeled with name), adequate and nutritional sack lunch and beverage (NO LUNCHABLES or SODA) and proper walking shoes (NO FLIP-FLOPS).

Please use this space to explain anything to ensure your child has a successful time at camp

Name of Child \_\_\_\_\_

## Authorization for Medical Treatment

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

Phone \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Medical Facility \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

I hereby authorize the **Fargo Park District Summer Adaptive Playtown Program** personnel to secure emergency medical treatment for: (Child's Name) \_\_\_\_\_

Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

In case of emergency, I hereby give authorization to call any qualified physician, clinic or hospital. I understand that the **Fargo Park District Summer Adaptive Playtown personnel** will try to contact me before requesting medical treatment if possible.

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

Date: \_\_\_\_\_

## Permission Authorization

As a participant of the Fargo Park District Summer Adaptive Playtown Program, this is permission for the Playtown Personnel for the following conditions: (please initial all that apply)

- ☐ To transport my child for field trips
- ☐ To apply sunscreen (as necessary)
- ☐ To apply bug spray (as needed)
- ☐ To apply first aid ointment if needed
- ☐ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**You must read and sign waivers below to participate in Fargo Park District Programs.**

### Release and Indemnity Agreement

The undersigned for himself and for the minors (persons under the age of 18 years) whose names appear below as registered for participation in the event or program (the Event) described on the front of this document. In consideration of the acceptance of my registration and the participation of myself and any of the minors whose names appear below, or my children, or my wards I hereby, on my behalf and their behalf, release the Fargo Park District, its agents and employees from all claims for injuries or property damage that I or they may sustain arising out of the event. I and any such minors recognize and acknowledge that there are risks of physical injury to participants in the event both known and unknown and I agree for myself and on their behalf to assume the risks of such injuries, damages, or loss which I or they may sustain as a result of participation in the Event. I release the Fargo Park District and its agents and employees from any such claims and I agree to indemnify and hold the Fargo Park District, its agents and employees harmless from any claims by any of the minors listed below arising out of or in any way related to the event. The persons executing the Release and Indemnity Agreement above hereof understand that the event may be videotaped or photographed and agree to such images and further agree that images will be the sole property of the Fargo Park District and may be used for advertising and promotional use without notice to or consent of a participant, parent, or guardian and that any revenue derived there from shall be solely that of the Fargo Park District.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.**

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

**Mail or Drop off: Fargo Park District, Attn: Registrations, 701 Main Ave, Fargo, ND 58103**