

Willowbrook Parks and Recreation Department
Requests for Recreation Accommodation for Persons with Disabilities

Please include this form with your registration should you require an accommodation in order to participate in one of the activities sponsored by the Parks and Recreation Department. This information will help us provide quality services for each person with a disability who participates. This information is strictly confidential and will be used only by the Parks and Recreation Department. Please respond to only that which pertains to us helping you to more fully participate. Use the back of this form if necessary. If you have any questions, please do not hesitate to call the Parks and Recreation Department at (630) 323-8215.

What was the activity in which you were interested in participating?

How would you characterize your disability? (Check all that apply)

- ☐ Cognitive (mental retardation, learning disability, etc.)
- ☐ Physical
- ☐ Psychological (mental illness, behavior disability, personality disorder, etc.)
- ☐ Health (serious health condition)
- ☐ Sensory/hearing
- ☐ Sensory/ visual

Please provide additional information in detail:

Do you use a wheelchair or other aids for mobility? (Check all that apply)

- ☐ Manual
- ☐ Electric
- ☐ Other supports (cane, walker, crutches, etc.) - Describe:
- ☐ _____

What type of assistance do you need?

- ☐ None
- ☐ Push wheelchair
- ☐ Need help transferring from chair
- ☐ Other - Describe:
- ☐ _____

Do you have a health condition that requires a specialized support? (Check all that apply)

- ☐ Medications _____
- ☐ Seizures _____
- ☐ Dietary _____
- ☐ Other _____

Please share any other information that would help us support your participation in our programs.

Physician's name and phone _____

Participant's name and phone _____ **Date** _____