



**SOUTH WINDSOR PARKS AND RECREATION DEPARTMENT**

**91 Ayers Road, South Windsor, CT 06074**

**860-648-6355 fax 860-648-5048**

*Please return to the South Windsor Parks and Recreation Department 2 weeks prior to the start of the program.*

***Request for Program Accommodation***

If you or a family member has a need for a program accommodation to have equal opportunity to participate in services, programs, or activities please complete this form and return it to South Windsor Parks and Recreation at 91 Ayers Road, CT, 06074. If you require assistance in completing this form, or want to make an oral request, contact us for assistance at 860-648-6355.

The South Windsor Parks and Recreation Department (SWPRD) welcomes participants of all abilities to enjoy our programs, activities and services. SWPRD is pleased to provide reasonable inclusion support services and accommodations.

**THIS IS NOT A REGISTRATION FORM. FORMAL REGISTRATION IS REQUIRED AT THE SOUTH WINDSOR PARKS AND RECREATION DEPARTMENT TO ENSURE PARTICIPATION.**

Participant's Name \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
(If participant is under age 18)

**NAME OF PROGRAM/S:** \_\_\_\_\_

I am requesting the following accommodation, or change in rule, policy, or practice so that a person with a disability can have an equal opportunity to participate in the services, programs or activities of South Windsor Parks and Recreation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how the modification will assist the participant:

\_\_\_\_\_  
\_\_\_\_\_

Please share any safety or behavior concerns for the participant in this specific program:

\_\_\_\_\_  
\_\_\_\_\_

Please note if there is a severe allergy and if medication may need to be administered:

\_\_\_\_\_

I understand I am not required to provide private medical records about the nature and extent of disability; however, to facilitate my request, I am voluntarily attaching the following documentation from a healthcare provider stating that the requested accommodation is necessary due to disability:

\_\_\_\_\_

**RELEASE OF INFORMATION (Pertaining to participants under age 18, please fill out if applicable):** I give permission for the South Windsor Parks and Recreation Department and the Staff of his/her school system to share information regarding my child's needs as it relates to his/her participation in various recreational programs.

\_\_\_\_\_  
**Parent or Guardian Signature** \_\_\_\_\_  
**Date**

Please enter child's age: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved accommodations (if any): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parks and Recreation Department Staff

\_\_\_\_\_  
Date