

West Fargo Park District
Application for Special Needs Program

Complete one form per individual and return to: West Fargo Park District
P.O. Box 762
West Fargo, ND 58078

Check the program you are applying for: _____ Camp-A-Day (Grades 1-8)

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Phone Numbers: (h) _____ (c) _____ (w) _____

Emergency Contact & Phone Number: _____

Parent/Guardian Name(s): _____

School Attending: _____ Teacher: _____

Explain: _____

Does the applicant have Seizures? _____

Is the applicant currently taking medication? Yes No

If yes, please list the medication(s): _____

(TURN OVER)

Does the applicant have allergies? Yes No

If yes, please give a brief explanation: _____

(Circle Yes or No)

Does the applicant:	Use a wheel chair-----	Yes	No
	Use crutches-----	Yes	No
	Use/wear braces-----	Yes	No
	need assistance climbing stairs-----	Yes	No
	need assistance dressing-----	Yes	No
	need assistance eating-----	Yes	No
	need assistance using the bathroom---	Yes	No
	have difficulty controlling bladder----	Yes	No
	Have speech difficulty-----	Yes	No
	have hearing difficulty-----	Yes	No

Please give a brief explanation of each "Yes" circled above: _____

Please list any other information you would like us to know about the applicant: _____

I hereby give my approval for (applicant's name) _____ to participate in the West Fargo Park District Special Needs Program. I understand that the West Fargo Park District does not provide medical insurance nor will the West Fargo Park District be responsible for medical expenses. I hereby authorize the instructors of this program to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release the West Fargo Park District and its instructors from any and all liability for any injuries. I also certify that my child is medically fit to participate in this program and has sufficient medical insurance. I give permission for applicant to participate in field trips and ride on a bus. If in Camp-A-Day program, I give permission for applicant to swim at the Veterans Memorial Pool. I also understand that the West Fargo Park District staff will not administer medication to participants.

printed name of Parent or Guardian

Signature

Date