



Request for Adaptive Program Support (RAPS) Form

Program Name: _____ Program Date: _____

Program #: _____

Participant's Name: _____ Birth date: _____ Gender: _____

Language(s) spoken at home: _____ BC Care Card #: _____

Please describe any special needs: _____

What support/accommodations do you require in order to take part in activities?

Method of Communication: Verbal Non-verbal Signing Other (Please describe)

Medical Conditions/ Allergies (please list any medication(s) presently being taken and the condition(s) being treated):

Do you carry an Epi-pen? **If yes, you will need to complete an EpiPen Consent Form.**

Yes, I need to complete an EpiPen Consent Form. No, I do not use an EpiPen.

Please note: Instructor's are not permitted to administer daily or emergency medication. If there is a severe emergency situation, an ambulance will be called.

To make registering for future activities easier, your personal information can be recorded on your account. **This information will remain strictly confidential.**

Yes, please record this information on my account. **No**, please do not record this information.



Emergency Contact Information

1. Name: _____ Email: _____
Phone: (home) _____ (cell/alternate) _____
2. Name: _____ Email: _____
Phone: (home) _____ (cell/alternate) _____

Person(s) authorized to pick up your child (other than parents/guardians)

- Name: _____ Ph: _____ Relationship: _____
- Name: _____ Ph: _____ Relationship: _____

In signing this form, you are verifying you understand the form and that the information you have provided is complete and accurate. In the case of an emergency, we will be referring to this form.

Parent or Guardian Signature

Date

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the authority of the *Community Charter*, the *Local Government Act*, and the City's by-laws. If you have any questions about this collection, contact the Corporate Officer, City of Kamloops, 7 Victoria Street West, Kamloops BC, V2C 1A2, 250-828-3311.