



**Illinois River Valley Special Recreation Association**

**New Participant Information Sheet**

**New Participants:** Please fill out this form and submit it along with the IRVSRA program registration form.  
**Current Participants:** Please submit this page at least once a year or anytime you have a change of information.  
The more current our records, the better we can program.

Be sure to fill out all the **BOLD areas**. Any other areas are up to you.

**Today's Date** \_\_\_\_\_

Participant's **First Name** \_\_\_\_\_ Participant's **Last Name** \_\_\_\_\_

**Resides with:**  Parent/Guardian  Group Home: \_\_\_\_\_  On own

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender:** F M

**T-Shirt Size:** **Youth** S M L XL or **Adult** XS S M L XL 2XL 3XL 4XL 5XL 6XL

**Primary Disability** \_\_\_\_\_

**Secondary Disability** \_\_\_\_\_

**Allergies we might need to know about** \_\_\_\_\_

**Medications we might need to know about** \_\_\_\_\_

**Seizure risk?** \_\_\_\_\_

**Mobility Device?** \_\_\_\_\_

**Any other Special Needs we need to know about? i.e. diet, toileting, behaviors, or restrictions**

**Emergency Contact:**

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_