



## PARTICIPANT UPDATE FORM

We would like to welcome you back to Programs! Please complete this participant update form and return to the City of Burlington. Participation in recreation programs is relevant of completion of this form.

### PARTICIPANT INFORMATION:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_ Home Ph # \_\_\_\_\_  
Bus. # \_\_\_\_\_ Cell # \_\_\_\_\_

### MEDICAL/HEALTH INFORMATION

**Medication:**     No             Yes [please list below & **ADDITIONAL CITY OF BURLINGTON FORM NEEDS TO BE COMPLETD FIRST DAY OF PROGRAM**]

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**Allergies:**         No             Yes [please list below]

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**Other known conditions or Symptoms:**

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**Are any of the above New or Worsening:**     No             Yes

If "Yes" – please indicate when condition first presented itself

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**Please provide up-to-date information about the participant in the following areas:**

- Updated interests and favourite Things:

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Last Revision: June 2019

Version: 02

Recreation Coordinator – Child, Youth and Family

- Updated list of thing to Avoid:

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- Changes in Behaviour:

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- Changes in activities of Daily Living: (detail support needs for toileting, eating and dressing)

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- Any notable changes that you feel can assist City of Burlington should be aware of:

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**CONSENT:**

I agree to provide information that is true and accurate so that City of Burlington staff can gather information for (participant's name) \_\_\_\_\_ in order to be able to participate in City of Burlington recreation programs. As well I acknowledge and agree that should the Participant exhibit any changes from the above the City may undertake a further assessment to determine the Participant's ongoing ability to participate in the program. Should the City in its sole discretion determine that the Participant's participation in the program constitutes a substantial health and safety risk to other participants, staff and/or volunteer, the City reserves the right to remove the Participant from the program and/or to deny admittance to the participant to the program in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_