



SOUTH SUBURBAN
SPECIAL RECREATION
ASSOCIATION

Annual Information Form

Date _____

To register for any SSSRA programs, an Annual Information Form must be annually updated and filed with SSSRA. Once an updated form is on file, you may mail, fax, or bring in your registration form. Online registration is available for residents.

19910 80th Avenue
Tinley Park, IL 60487

815-806-0384 (phone)
815-806-0390 (fax)
711 (Illinois Relay System)

www.sssra.org

Participant's Name _____ Nickname _____

Address _____ City _____ State _____ ZIP _____

Phone _____ E-mail _____

Parent(s)/Guardian(s) Name _____

Parent(s)/Guardian(s) Address _____ City _____ State _____ ZIP _____

Parent(s)/Guardian(s) Phone - Home _____ Work _____ Cell _____

Place a checkmark beside the phone number you would like us to use first.

Parent(s)/Guardian(s) E-mail _____

Date of Birth ____/____/____ Gender _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Race* (optional) _____ Primary Language Used at Home _____

*For identification purposes only.

Primary Disability _____ Secondary Disability/Medical Condition _____

Current Medications/Prescribed or Over-The-Counter _____

Allergies _____ Dietary Restrictions _____

Is participant subject to seizures? _____ Type & Frequency _____ Date of Last Seizure ____/____/____

What action do you take in the event of a seizure? _____

If participant has Down Syndrome, has he/she been tested for Atlanto-Axial Instability? Yes No

If yes, were results positive? _____ If so, please attach a copy of medical exam.

School/Place of Employment _____ Teacher/Supervisor _____

Group Home/Residential Facility _____ Manager/Caseworker _____

Emergency Information

Emergency Contact _____ Relationship _____

Phone - Home _____ Work _____ Cell _____

Place a checkmark beside the phone number you would like us to use first.

Doctor's Name _____ Doctor's Phone _____ Hospital Affiliation _____

Daily Living Skills

Communication Verbal/speaks clearly Verbal/speech is difficult to understand Has difficulty expressing needs Gestures/points
 Uses sign language Uses hearing devices/hearing aides Uses a communication board/schedule/pictures

Explain _____

Mobility Walks independently Uses manual wheelchair Uses motorized wheelchair Uses other assistive device for mobility

Explain _____

Bathroom Toilets independently Needs to be monitored Needs assistance Explain _____

Eating Eats independently Needs to be monitored Needs assistance Explain _____

Dressing Dresses independently Needs some assistance Cannot dress independently

Explain _____

Daily Living Skills continued

- Showering Showers independently Needs to be monitored Needs assistance Explain _____
- Hair Care Does hair independently Needs to be monitored Needs assistance Explain _____
- Swimming Swims independently Can swim a little Cannot swim at all Extreme fear of water

Interaction/Socialization Skills

- Social Interaction Initiates social interaction on own Socializes with verbal prompting Avoids social interactions
Explain _____
- Prefers Being Alone with Peers with Adults Explain _____
- Is Most Successful in Large groups Small groups Other Explain _____
- Responds Better to Males Females Either Explain _____
- Please list any sensory issues your child/the participant may have: _____

Behaviors/Conduct

- Following Directions Can follow directions independently Needs verbal prompting Needs step-by-step assistance
Explain _____
- Please check all that apply
- Short attention span Easily distracted Hyperactivity Tendency to run or wander off
- Oppositional/defiant Manipulative Verbal outbursts Instigates behavior
- Self-abusive behaviors Tantrums/meltdowns Physical aggression to others Steals
- List other inappropriate behaviors here: _____
- If you checked yes to any behaviors above, please provide a detailed explanation: _____
- _____

What are the known triggers to the behaviors above? _____

Does the participant respond to specific behavior management techniques used at home, school or work? Yes No
Explain _____

Does the participant have any unusual fears or concerns? Yes No
Explain _____

Personal Interests/Goals

- Favorite quiet activities _____ Favorite active games _____
- Least favorite activities _____
- Favorite food _____ Favorite color _____ Hobbies _____
- Reasons for participating (please check all that apply)
- Physical activity Socialization/friendships Group interaction Skill development Motor development
- Creativity/Self-expression Self-esteem/Confidence Responsibility Entertainment FUN!
- Please identify any specific goals parents/guardians would like to see worked on: _____
- T-shirt size Child 6/8 10/12 14/16 Adults S M L XL 2XL 3XL
- Bowler's shoe size _____