



# SSSRA

## South Suburban Special Recreation Association

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### Annual Information Form

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.

Date \_\_\_\_\_

#### Participant Information

Participant's Name \_\_\_\_\_ Nickname \_\_\_\_\_

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 \_\_\_\_\_

Third Disability/Medical Condition \_\_\_\_\_

Current Medications/Prescribed or Over-The-Counter \_\_\_\_\_

Will medication be dispensed during programs or special events? ☐ Yes ☐ No If yes, additional forms are required for completion.

Allergies \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Is participant subject to seizures? \_\_\_\_\_ Date of Last Seizure \_\_\_\_/\_\_\_\_/\_\_\_\_ Seizure Type \_\_\_\_\_

Seizure Frequency \_\_\_\_\_ Seizure Duration \_\_\_\_\_

Seizure Trigger or Warning Signs \_\_\_\_\_

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? \_\_\_\_\_ Year Tested \_\_\_\_\_

School/Place of Employment \_\_\_\_\_ Teacher/Supervisor \_\_\_\_\_

Group Home/Residential Facility \_\_\_\_\_ Manager/Caseworker \_\_\_\_\_

#### Emergency Information

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Primary Phone Number \_\_\_\_\_

Emergency Contact Secondary Phone Number \_\_\_\_\_

#### Scholarship Assistance

Will you be applying for scholarship assistance? ☐ Yes ☐ No

## 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 ☐ Walks independently for long distances ☐ Uses manual wheelchair  
☐ Able to push themselves ☐ Uses motorized wheelchair ☐ Can transfer independently ☐ Needs help to transfer  
☐ Uses other assistive device for mobility

Explain \_\_\_\_\_

Bathroom ☐ Toilets independently ☐ Needs to be monitored ☐ Needs assistance ☐ Diapers/Depends

Explain \_\_\_\_\_

If you checked needs assistance, please explain what type of assistance is needed.

Eating ☐ Eats independently ☐ Needs to be monitored ☐ Needs assistance

Explain \_\_\_\_\_

If you checked needs assistance, please explain what type of assistance is needed.

Dressing ☐ Dresses independently ☐ Needs some assistance ☐ Cannot dress independently

Explain \_\_\_\_\_

If you checked needs assistance, please explain what type of assistance is needed.

Showering ☐ Showers independently ☐ Needs to be monitored ☐ Needs assistance turning water on/off  
☐ Needs assistance shampooing hair ☐ Needs assistance washing body

Explain \_\_\_\_\_

If you checked needs assistance, please explain what type of assistance is needed.

Hair Care ☐ Does hair independently ☐ Needs to be monitored ☐ Needs assistance ☐ Needs assistance brushing/combing hair

Explain \_\_\_\_\_

If you checked needs assistance, please explain what type of assistance is needed.

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? \_\_\_\_\_

Please list behavior management techniques? \_\_\_\_\_

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 \_\_\_\_\_

SSSRA provides an approximate 1:4 staff to participant ratio. Please note if you are requesting a closer ratio and why. \_\_\_\_\_

## Personal Interests

Favorite quiet activities \_\_\_\_\_ Favorite active games \_\_\_\_\_

Least favorite activities \_\_\_\_\_

Favorite food \_\_\_\_\_

## Shirt and Shoe Size

T-shirt size ☐ Child ☐ 6/8 ☐ 10/12 ☐ 14/16 ☐ Adults ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL

Bowler's shoe size \_\_\_\_\_

## Photo Permission

I do hereby grant permission for my/our participant's picture to be used in promotional materials related to SSSRA. Promotional materials include, but are not limited to SSSRA brochures and advertising, SSSRA website, Facebook, SSSRA email newsletter, member park district and recreation department brochures.

☐ Yes ☐ No