SPECIAL POPULATIONS REGISTRATION FORM

ONLINE REGISTRATION NOW AVAILABLE!

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Age _____ Birth Date _____

E-mail: _____

Parent/Guardian/Counselor

_____

Phone _____

Emergency Contact Person

_____

Address _____

_____

Phone _____

Please (✓) below the participant's type of disability.
This information is necessary to inform our S.P.I. staff of the individuals enrolled in programs so that they may better structure and develop activities, while at the same time it will assist our record keeping. This information will be kept confidential and will only be available to S.P.I. staff.

- [ ] Developmental Disability
- [ ] Physical Disability
- [ ] Emotional Disability
- [ ] Speech Impairment
- [ ] Hearing Impairment Visual
- [ ] Impairment Learning
- [ ] Disability Wheelchair User

Other Health Impairments (specify)

_____

_____

_____

_____

_____

Health and behavior concerns that may affect participation:

_____

_____

_____

Please fill out this form completely. Mail or bring this form to the Robert A. Lee Community Recreation Center, 220 S. Gilbert Street, Iowa City, Iowa, prior to three working days before the program begins. Pre-registration is required, along with pre-payment in programs where there is a fee. Make checks payable to Recreation Division. Please register early as programs are filled on a first come basis. Only those registered will be allowed to participate. Participants will be expected to attend the activity on a regular basis. If unable to attend, please notify the Recreation Division office, 319-356-5100. Online registration available at www.icgov.org/activityregistration

Program Registraton

Activity #	Program	Fee