

Special Recreation Services of Northern Lake County-Round Lake

Date of Request* _____

Participant's Name _____ Age _____ Sex _____

Diagnosis/Classification _____

Parent/Guardian _____

Address _____ City _____ State _____

Home Phone _____ Cell Phone _____

Has the Participant been enrolled in a SRSNLC Program? YES _____ NO _____

If yes, identify program(s) _____

Which Round Lake Area Park District program does the Participant wish to participate in?
(Please fill out one worksheet per program)

Program Title _____

Program Code _____ Date(s) _____ Time _____

Location _____ Instructor _____

Please explain why assistance is requested:

**** To properly find an inclusion aid that best fits the needs of the participant, the Inclusion Request Form must be turned in a minimum of seven days prior to the start of the program.***

For Office Use Only - After form is completed, please turn into the SRSNLC Program Manager for review and give a copy to the supervisor of the program requested.

Date Received _____ Time Received _____ Registration Staff Initials _____