**Physical and Leisure Activities for Youth (PLAY) - Enrollment Questionnaire**

The PLAY provides physical and motor developmental activities for persons with special needs.  There are opportunities for development and/or improvement in the following areas:  (1) developmental gross motor skills, (2) perceptual- motor skills, (3) swimming and water safety skills, (4) play/social skills, (5) dance and creative movement, (6) physical fitness, and (7) life-time sport/ recreational pursuits.

It is necessary to have the following information in order to plan an individualized physical activity plan that meets the needs of your son/ daughter/ward.  Please complete and return the forms as soon as possible.  All participants must have these forms on file prior to entering the PLAY.  If you have any questions/concerns, please contact the program director.

Please complete the form electronically, save, and then email to [playprogram@kennesaw.edu](mailto:playprogram@kennesaw.edu)

**Demographic Data**

Participant’s Name: Click here to enter text.

Sex: Choose an item. Date of Birth Click here to enter a date.

Home Address: Click here to enter text. City: Click here to enter text.

Phone Number: Click here to enter text.

Parent/Guardian’s Name Click here to enter text.

Home Phone Number: Choose an item. Work Phone Number: Choose an item.

Address (if different): Click here to enter text. City: Click here to enter text.

Email Address: Click here to enter text.

School/Training Program Attended by Participant: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

School/Training Program Contact: Click here to enter text. Position of Contact: Click here to enter text.

**Disability/Impairment (check all that apply):**

No Disability/Impairment Asthma

Cardiovascular Problem Cystic Fibrosis

Diabetes Emotional/Behavioral Disorder

Learning Disabled Multiple Sclerosis

Obesity Spina Bifida

Subject to Seizures Other- Specify: Click here to enter text.

Auditory Impairment (select one): Deaf Hard of Hearing

Visual Impairment (select one): Blind Partially Sighted

Cerebral palsy (select one): Mild  Moderate Severe

Mental Retardation (select one): Mild Moderate Severe Down Syndrome

**Behavioral Characteristics (check all that apply):**

Aggressive Cooperative/Calm

Cooperative with Teachers Self-Abusive

Subject to Physical Outbursts Wanders/Runs Away

Other – Specify: Click here to enter text.

**Methods of Communication (check all that apply):**

Verbal Non-Verbal

Uses Signs Uses Finger Spelling

Uses Word Board Able to Follow Simple Verbal Directions

Able to Follow Complex (3-4 step) Verbal Directions

Other – Specify: Click here to enter text.

**General Information**

Is participant on medication? Yes  No

If yes, please describe: Click here to enter text.

Purpose of medication:

Control Seizures Control Hyperactivity

Control Aggressive Behavior Depression

Other – Please Specify: Click here to enter text.

Are specific behavior management techniques used with participant?  Yes  No

If yes, please describe: Click here to enter text.

Please list any specific behavior problems: Click here to enter text.

Is participant toilet trained? Yes  No

Occasional Accidents? Yes No

Has participant been involved in previous physical education/motor development/recreation/sports programs? Yes  No

If yes, please indicate which type of program(s):

School Community

Other – Please Specify: Click here to enter text.

**Special Equipment Used (check all that apply):**

Manual Wheelchair Electric Wheelchair Protective Helmet

Hearing Aid (ear) Hearing Aid (body pack) Corrective Eye Glasses

Braces, please indicate location:

Prosthesis, please indicate location:

Tubes/shunts of any type, please specify:

Walker, please indicate type:

Other – Please Specify: Click here to enter text.

**Transportation**

Provided by:

Parent/Guardian

Friend: Click here to enter text.

Residential Agency: Click here to enter text.

Carpool, specify with whom (driver & participants): Click here to enter text.

Other: Click here to enter text.

Approximate round trip mileage to and from KSU (miles): Click here to enter text.

Signature of person completing this form: Click here to enter text.

Relationship to participant: Click here to enter text.

Note: This form MUST be returned prior to student being admitted to program

Email to [playprogram@kennesaw.edu](mailto:playprogram@kennesaw.edu)