

**KERRISDALE COMPLEX
REQUEST FOR ADDITIONAL SUPPORT FORM**

Program Name _____ Program Number _____

Participant Name _____ D.O.B. (Under 19 yrs.) _____
(mo/day/yr)

Home _____ Alternate _____

Parent/s or Guardian (if relevant) Home _____ Work _____

The purpose of this form is to help the community centre make this program a successful and positive experience for the participant.

Does the participant require a dedicated support person to be able to fully participate in the program?

Yes__ No__

If yes, name of support person: _____
home/other _____

Describe any other specialized equipment or instructions needed:
(eg. adapted equipment, translation of equipment, etc.)

PLEASE NOTE: If you are unable to provide your own support, call the community centre programmer to discuss other possibilities.

If registering for an aquatic program, please complete the following information:

1) Is this your first swimming lesson? Yes__ No__

2) If NO, what was your last completed level? _____

3) Do you have any special equipment needs while in the pool? Describe:

Signature: _____ Date: _____

This form will be kept confidential and shared with the Community Centre Programmer and the Instructor.