



Disability Accommodations

Kaysville Parks and Recreation encourages and supports the participation of individuals with disabilities in all programs and services. To facilitate opportunities for people with disabilities to engage in leisure pursuits, the parent or guardian may be required to assist with recreation activities provided for the disabled participant. The participants' coach or instructor will be notified of the disabled player before program start date.

If a request is made to play in a lower division than the participant's age or grade would normally allow, a Physician-issued statement must be provided stating that the child is mentally or physically unable to play with his/her age group or grade.

WAIVER (TO BE SIGNED BY PARENT OR GUARDIAN)

THE CHILD I AM REGISTERING FOR RECREATION ACTIVITIES IS UNABLE TO PARTICIPATE WITH HIS/HER AGE GROUP OR GRADE: ☐ YES ☐ NO

SIGNATURE _____

I, HEREBY RECOGNIZE AND ACKNOWLEDGE THAT MY PARTICIPATION IN RECREATIONAL ACTIVITIES MAY INVOLVE BODILY AND/OR EMOTIONAL INJURY TO MYSELF AND/OR MY CHILD. IN CONSIDERATION OF MY CHILD BEING PERMITTED TO PARTICIPATE IN SUCH EVENTS, I HEREBY VOLUNTARILY AND KNOWINGLY RELEASE, WAIVE AND DISCHARGE KAYSVILLE RECREATION ITS OFFICERS AND EMPLOYEES FROM ANY AND ALL LIABILITY THAT MAY RESULT FROM MY CHILD'S PARTICIPATION IN KAYSVILLE RECREATION ACTIVITIES. I HEREBY AUTHORIZE THE KAYSVILLE RECREATION PROGRAM STAFF TO ACT ON MY BEHALF IN ACCORDANCE WITH THEIR BEST JUDGMENT IN CASE OF AN EMERGENCY, AND AGREE TO ASSUME FULL RESPONSIBILITY FOR ALL MEDICAL EXPENSES THAT MAY ARISE THERE FROM.

SIGNATURE _____ DATE _____

APPLICATION FOR SPECIAL ACCOMMODATIONS

PARTICIPANT NAME: _____ PARENT NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

PERSONAL ASSISTANT INFORMATION

I WILL BE BRINGING A PERSONAL ASSISTANT: ☐ YES ☐ NO

COMPANION NAME: _____ PHONE: _____

PLEASE NOTE: WAIVER TO PLAY IN A LOWER LEAGUE IS GOOD FOR ONE SEASON ONLY AND DOES NOT APPLY TO FOOTBALL.

PARTICIPANT NAME: _____

PARENT/GUARDIAN EXPLANATION OF PARTICIPANT SPECIAL NEEDS: _____

PHYSICIAN INFORMATION: (necessary ONLY if asked to play in a lower league)

PHYSICIAN NAME: _____ PHONE: _____

IN YOUR OPINION IS THE PARTICIPANT APPLYING FOR SPECIAL NEEDS ACCOMMODATIONS PHYSICALLY OR MENTALLY UNABLE TO PARTICIPATE IN ACTIVITIES WITH CHILDREN OF THE SAME AGE OR GRADE? ☐ YES ☒ NO

PLEASE EXPLAIN: _____

PHYSICIAN SIGNATURE: _____ DATE: _____