



**RECREATIONAL  
RESPITE**

*Registration*

NAME OF PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_

CONTACT INFORMATION (CAREGIVER AND/OR PARENT): \_\_\_\_\_

PHONE (HOME, CELL, EMERGENCY): \_\_\_\_\_

EMAIL: \_\_\_\_\_

PROGRAM OF INTEREST: \_\_\_\_\_

LOCATION OF PROGRAM OR VIRTUAL SERVICES (CIRCLE ONE):  
\_\_\_\_\_

PLEASE CIRCLE PAYMENT TYPE:

\* EMAIL TRANSFER: [PAYMENTS@RECRESPIE.COM](mailto:PAYMENTS@RECRESPIE.COM)

\* CHEQUE: PAYABLE TO RECREATIONAL RESPITE INC.

**SPECIAL NEEDS:** \_\_\_\_\_

**RECREATIONAL INTERESTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPECTATIONS AND GOALS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES OR MEDICAL CONDITIONS TO BE AWARE OF:** \_\_\_\_\_  
\_\_\_\_\_