

Participant Information Request

City of Mississauga
Community Services Department
Recreation
905-615-3200 ext. 8260
inclusion.recreation@mississauga.ca



Personal information collected on this form is collected under the authority of Section 11 of the *Municipal Act, R.S.O. 2007*. Information will be used in the administration of Mississauga Recreation Programs that involve children with special needs. Questions about the collection of the information should be addressed to Community Development Supervisor, 201 City Centre Drive, 9th floor, Mississauga, ON, L5B 2T4, 905-615-3200 ext. 8260.

The City of Mississauga is committed to providing safe, rewarding and enjoyable programming for all of its participants. By completing this information form, we can work together to discuss individual needs for a successful program. Additional information may be gathered through a scheduled telephone conversation with one of our staff. We use this information to create an Individualized Recreation Plan. This plan assists staff in understanding the participant's specific needs and interests.

Main Contact Information

Last Name		First		Mother <input type="checkbox"/>
<input type="text"/>		<input type="text"/>		Father <input type="checkbox"/>
				Guardian <input type="checkbox"/>
Home Phone	Business Phone	Cell/Pager	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			City	MISSISSAUGA <input type="checkbox"/>
<input type="text"/>			<input type="text"/>	Postal Code <input type="text"/>

Participant Details

Last Name	First	Gender	Birthdate if under 18 (YYYY MM DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has/Is the Participant (check all that apply):

- Registered for City of Mississauga programs in the past Currently registered Waitlisted

Program Name

Briefly describe the Participant's disability/requirements for a successful program

- Participant requires modifications to a program to participate Yes No
- Participant has support at work/school (IEP)/other Yes No
- Participant requires 1-to-1 support in this program Yes No
- Participant is interested in registering with the *City of Mississauga's 1-to-1 support program Yes No
(*there is a fee for the service, subject to availability)
- Participant providing their own support worker Yes No
- Support Person is: (*minimum 14 years of age or older) Family Member Community Agency Other

Where there are admission requirements, participants must follow all outlined requirements.

If the participant requires medication during the program, please complete the [Parent/Legal Guardian Medication Consent form](#).

By clicking the button, I acknowledge, understand and consent that the City of Mississauga may collect, use and disclose the information provided herein for the purposes of providing the program services, communicating with me regarding the Mississauga Recreation program and their other services.

Please send a copy of this form using the **SUBMIT** button. Paper copies can be dropped off at the community centre prior to program start date.

Note: if are you not using Internet Explorer, the form must be saved and sent as an attachment to: recreation.support@mississauga.ca

OFFICE USE ONLY

inclusion.recreation@mississauga.ca