



Request for Inclusion Support/Accommodation

Date _____ Participant Name _____

Birthdate _____ Age _____ Parent/Guardian Name (if applicable) _____

Address _____ City _____ Zip Code _____

Phone (home) _____ Cell _____ Work _____

Best time to call for a parent/participant interview _____

Email Address _____

Describe the nature of the accommodation being requested

Has the individual participated in Canton Leisure Services programs before? Yes No

PLEASE NOTE: Qualified individuals with disabilities who wish to participate in CLS programs and who need accommodation are invited to present their requests by completing this request form and returning it to The Summit on the Park a minimum of 2 weeks prior to the start date of ANY program activity in order to allow sufficient time for the processing of requests.

Name of Activity Activity Code Date Time Location

1. _____

2. _____

3. _____

4. _____

Please use additional sheets if needed

RE-APPLICATION REMINDER: Requests must be completed and updated annually, or if the participant's needs change, to keep information current and to ensure appropriate resource accommodation.

PARENT/GUARDIAN RESPONSIBILITY: Parents/Guardians are responsible to inform Recreation Specialist or Recreation Coordinator about additions or deletions to the listed programming above as soon as a change occurs. This includes activity drops, late arrivals, early pick-ups, etc.

Canton Leisure Services
Attn: Jon LaFever, Recreation & Facilities Supervisor
4600 Summit on the Park
Canton, MI 48188
Phone: 734/394-5460 Fax: 734/394-5475

Request for Inclusion Support/Accommodation Acknowledgement Release

- I understand that Canton Leisure Services (CLS) does **NOT** provide Inclusion Services for drop-in programs.
- I understand that CLS does **NOT** provide personal care (including, but not limited to: toileting, dressing/grooming, transferring, etc.).
- I understand that it is my responsibility to provide the Recreation Specialist or Recreation Coordinator with the most current information related to the requesting participant's abilities to assist in making accommodations to meet his/her needs.
- I understand that it is my responsibility to let the Recreation Specialist or Recreation Coordinator know if there are any changes to the information I have provided as soon as a change occurs.
- I understand that it is my responsibility to inform CLS for each program this participant registers for in which I wish to have an accommodation in place.
- I understand that an implemented accommodation plan does **NOT** exempt participants from following CLS rules and policies. The accommodations in place may assist the participant in meeting these rules, but does not exempt him/her from following them.
- I understand that if I or my child/dependent am/is unable to comply with these rules, even with the use of accommodations in place, CLS disciplinary procedures will be implemented. Meetings, probationary periods, and suspensions are interventions that may be implemented to address related concerns or issues. **In some severe cases, participants may be subject to emergency suspension or expulsion at the discretion of CLS staff, especially in instances where the safety of the participant or others becomes a concern. This applies to ALL Department programs and/or facilities.**
- I understand that in the case of a CLS staff resource emergency, and if and when a substitute staff resource cannot be found, the participant may be asked to refrain from participation in the program.

Participant Signature _____

Parent/Guardian Signature (if participant is a minor) _____

FOR OFFICE USE ONLY:

Date Received _____ Staff Accepting Request Form _____

Dated Received by Recreation Specialist or Recreation Coordinator _____

Date Recreation & Facility Supervisor Notified _____ Staff Initials _____

CLS Contacted Individual/Family? YES ___ NO ___ Staff Initials _____

Date of Contact _____ Date of Interview _____

Interview Conducted by _____

Interview Questionnaire Attached? YES ___ NO ___ Staff Initials _____

Staff Recommendation _____

Supervisor Reviewed? YES ___ NO ___ Supervisor Initials _____ Date _____

Will Reasonable Accommodation be Made? YES ___ NO ___

Was Participant Notified? YES ___ NO ___ Date & Staff Initials _____

Was Registration Processed? YES ___ NO ___ Date & Staff Initials _____

Staff/Instructor Notification Date _____ Admin Process Date _____

*Canton Leisure Services provides accommodation in compliance with
the Americans with Disabilities Act (ADA)*