



Town of Avon

60 West Main Street
Avon, Connecticut 06001-3719
(860) 409-4300 • www.avonct.gov

Program Accommodation Request Form

If you or a family member require an accommodation to ensure equal opportunity to participate in programs, services, or activities, please complete this form and return it to Avon Recreation and Parks Department through email, avonrec@avonct.gov.

Assistance in completing this form, or the option to make an oral request, is available by contacting the department at 860-409-4332. To allow sufficient time for coordination, accommodation requests must be submitted at least **three (3) weeks prior to the start date of the program**. The Avon Recreation and Parks Department welcomes individuals of all abilities and will provide reasonable accommodations and support services to the fullest extent possible.

Please note: This document is not a registration form. Program registration must be completed separately online at AvonRec.com.

Participant Information

Name: _____ Grade: _____ Age: _____

Street Address: _____

School Participant Attends: _____

Parent/Guardian Name: _____ Relation: _____

Best Phone #: _____ Email: _____

Name of Program(s): _____

Support Received at School: _____

Support Requested: _____

Please share any safety, behavioral, social, cognitive, or physical concerns for the participant in this specific program(s): _____

Allergies: _____

Medications necessary for the duration of the program: _____

I understand I am not required to provide private medical records about the nature and extent of disability; however, to facilitate my request, I am voluntarily attaching the following documentation from a healthcare provider stating that the requested accommodation is necessary due to disability: _____

Release of Information – School (for applicants under age 18; please fill out if applicable): I give permission for the Avon Recreation and Parks Department and the staff of the participant's school system to share information with each other regarding the participant's needs as relating to the participation in various recreation programs. This is so we may best serve the participant.

Parent/Guardian Signature

Date

Teacher: _____

Release of Information – Program Instructor: I give permission for the Avon Recreation and Parks Department to share any pertinent information regarding the participant with the program instructor(s) of the program(s) listed on page 1 of this form.

Parent/Guardian Signature

Date

For Office Use Only

Any approved accommodations: _____

Staff Signature

Date