



# Town of Avon

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

## Voluntary 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](mailto: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 should 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. This form is voluntary, but will help us to best support you/your child(ren).

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### 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: \_\_\_\_\_

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**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**

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**For Office Use Only**

Any approved accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**