



ADAPTIVE RECREATION & LEARNING EXCHANGE
 Bloomington ~ Eden Prairie ~ Edina ~ Richfield

WHAT IS AR&LE?

AR&LE is made up of two parts – Adaptive Recreation (“AR”) and the Learning Exchange (“LE”)

Adaptive Recreation: The cities of Bloomington, Eden Prairie, Edina and Richfield each have programs that are specifically designed for people with disabilities of all ages and abilities. The programs range from active to social and are offered to both youth and adults.

Learning Exchange: The school districts of Bloomington, Edina, Eden Prairie and Richfield Community Education Adults with Disabilities programs are working together to offer customized classes for adults with developmental and/or physical disabilities.

WHAT IS THE PURPOSE OF THE PROFILE INTAKE FORM?

- To add you to the AR&LE mailing and e-mail list.
- To keep you informed of program offerings and updates.
- To provide staff with information to better serve all participants.

HOW IS THIS INFORMATION BEING USED?

Completing this form provides necessary information to staff to best support participants in programs and events.

IS THIS FORM CONFIDENTIAL?

Yes! This completed form will be seen only by program city and school district staff of Bloomington, Eden Prairie, Edina, Richfield and TRAIL (Transportation Resource to Aid Independent Living) who directly oversee AR&LE programming and services.

WHY DO I NEED TO PROVIDE A SIGNATURE AND WHO SHOULD SIGN?

The **participant or legal guardian must sign** the bottom of the page; this signifies that the participant or legal guardian understands your rights about the private data we are requesting from you.

WHAT IF MY INFORMATION CHANGES?

To keep your contact and personal information current, call 952-563-8877 or email parksrec@BloomingtonMN.gov
 If you have significant changes, you may be requested to update the Profile Intake Form to better serve you.

Learning Exchange	Janet Clarke – Coordinator, 952.681.6121 MN Relay Service at 711		
Bloomington	Jenna Smith– Supervisor, 952.563.8891 MN Relay Service at 711	Eden Prairie	Nicole Weedman – Supervisor, 952.949.8457 TTY: 952.949.8399
Edina	Amanda Clarke – Supervisor, 952.826.0433 TTY: 952.826.0379	Richfield	Ann Jindra – Supervisor, 612.861.9361 MN Relay Service at 711

Please mail Profile Intake Form to:
 City of Bloomington, Parks & Recreation
 1800 W. Old Shakopee Rd
 Bloomington, MN 55431

Questions related to the Profile Intake Form:
 Please feel free to call a number above or call
 952-563-8877 or e-mail parksrec@BloomingtonMN.gov

Participant Profile Intake Form

PARTICIPANT FIRST NAME:	LAST:	NICKNAME:
ADDRESS:	APT #:	
CITY:	STATE:	ZIP:
PHONE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREFER NOT TO ANSWER	BIRTH DATE: ___/___/___
EMAIL:		

GUARDIAN (if not self) OR PRIMARY EMERGENCY CONTACT

PRIMARY CONTACT/LEGAL GUARDIAN:	RELATIONSHIP :	
ADDRESS:	APT #:	
CITY:	STATE:	ZIP:
EMAIL:		
HOME PHONE:	WORK #:	CELL #:

SECONDARY EMERGENCY CONTACT

CONTACT NAME:	RELATIONSHIP:	
HOME PHONE:	WORK #:	CELL #:

DIAGNOSIS / SUPPORT CONSIDERATIONS

PRIMARY DIAGNOSIS:	SECONDARY DIAGNOSIS:
Describe any additional medical conditions we should be aware of (i.e. seizures, heart condition, diabetes, hearing loss, etc.):	

COMMUNICATION AND BEHAVIORAL CONSIDERATIONS

Describe any communication needs or behavioral needs that we should be aware of:

MOBILITY CONSIDERATIONS and/or PERSONAL CARE NEEDS

Describe any mobility considerations or information about personal cares needs that would be useful for successful participation:

ALLERGIES

PRIMARY ALLERGY:	USE OF EPI-PEN: YES <input type="checkbox"/> NO <input type="checkbox"/>
List any food related allergies or severe allergies that necessitate use of Epi-Pen:	

The Data Practices Act requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. This information can be shared with the Recreation and Learning Exchange staff of the Cities and School Districts of Bloomington, Eden Prairie, Edina, Richfield and TRAIL. You can withhold this data, but you may not receive updated program information and/or accommodations. Your signature on this form indicates you understand these rights. AR&LE does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all AR&LE services, programs, and activities. Upon request, this information can be available in alternate formats.

Participant/Guardian Permission/Release Agreement: AR&LE staff takes pictures, slides and videos of participants enjoying the activities for use in marketing and promotion of the programs. If I do not grant permission, I will send a letter to the City of Bloomington, Parks and Recreation/AR&LE expressing my wishes.

Signature of participant or legal guardian REQUIRED

SIGNATURE: 	DATE: _____
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