



SOCIAL LEISURE YOUTH PROGRAM (SLYP-OUT) APPLICATION FORM

Please return applications to: Saskatchewan Abilities Council, 825 McDonald Street, Regina Saskatchewan, S4N 2X5.

There are 25 participant spaces in the SLYP-Out Program. Applicants will be accepted on a first come first declared eligible basis.

Participants who require or utilize additional attendant care for medical and or behavioural reasons are asked to provide an attendant. Please note that staff is not able to administer or dispense medications.

Personal

Name: _____ Phone #'s: _____
Address: _____ Postal Code: _____
Email Address: _____
Date of Birth: _____ Age: _____ Hosp. #: _____
School Attended: _____

Emergency Contacts

(Primary)
Name: _____ Relationship: _____
Home Phone: _____ Cell # _____ Work #: _____

Address: _____

(Secondary - if necessary)

Name: _____ Relationship: _____
Home Phone: _____ Cell #: _____ Work #: _____

Address: _____



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General

Please state disability:

Please describe your mobility:

Please list any reduced capacity with fine finger and manual dexterity:

Please describe communication ability:

Please describe any assistance with eating required:

List any adaptive equipment used by participant:

What, if any, accommodations/ supports are required for you to participate to your full potential in activities:

Medical

Family Doctor (name and phone #):

Please list any allergies:

Seizures, if yes which type and frequency:

Medications:

Programming

What types of activities do you enjoy?

What types of activities do you not enjoy?

Based on the objectives and overall Quality of Life framework for the program is there any activities in particular that you would like to see in the program?

Again keeping in mind the information contained on the Fact Sheet stating the program's objectives and Quality of Life framework are there any specific gains and or benefits you hope to experience by participating in the program?

What, if any, additional information should we know about you?

Additional notes: