

MEMBER ACCOMMODATION REQUEST

Please complete this form as thoroughly as possible and return to:
Email: miller.3247@osu.edu Fax: 614-292-4105
Or mail to: Member Services, Department of Recreational Sports,
B106 RPAC, 337 Annie & John Glenn Avenue, Columbus Ohio 43210

MEMBER INFORMATION

Name: _____ Age: _____ Date of birth: _____

Membership Type: Student Faculty/Staff Affiliate Sponsored Member

Spouse/Guardian/Affiliate Member Name: _____

Relationship to Member: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ E-mail: _____

Emergency Contact Name and Relationship: _____

Emergency Phone: _____

Disability/Diagnosis: _____

HEALTH INFORMATION

Medical Conditions (diabetes, seizures, allergies, etc):

Medications: _____

Type of seizure: _____

Date of last seizure: _____

Duration: _____

Warning signs: _____

PREFERENCES

Please check your preferences:

Situations	<input type="checkbox"/> Many Choices	<input type="checkbox"/> No Choices	<input type="checkbox"/> Few Choices	
Temperatures	<input type="checkbox"/> Warm	<input type="checkbox"/> Cool	<input type="checkbox"/> Cold	<input type="checkbox"/> Hot
Lighting	<input type="checkbox"/> Bright	<input type="checkbox"/> Dim	<input type="checkbox"/> Dark	<input type="checkbox"/> Normal

*Recreational Sports will make every attempt to accommodate these requests, but some may not be available within certain areas

RECREATION

Best method of assistance:

Pre teaching Verbal prompts Buddy Demonstrations

Equipment/adaptations: _____

Other: _____

Mobility: Independent Some assistance Full assistance

Comments: _____

Specific accommodation requested: _____

Please describe activities in which the participant may require special assistance: _____

Accommodations you have utilized in the past: _____

Type of accommodation you are requesting (must be approved by Recreational Sports) :

I will be bringing an aide/assistant: Yes No

Aide/Assistant's Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ E-mail: _____

*Any aide or assistant that plans on coming in MUST be background check prior to arrival on campus.

Please submit this form at least two weeks before the start of your program.

OFFICE USE ONLY

Copies: Aide Recreational Sports Professional Staff Member Accommodation Assistant

What accommodations will be used? _____

