



Inclusion Services Request Form

***This form must be submitted at least
2 weeks prior to the start date***

Please Print

Date: _____

Participant Name: _____

Address: _____ City _____ Zip Code _____

Parent/Legal Guardian's Name: (if applicable) _____

Home phone: _____ Cell phone: _____

Email: _____

In which program/activity/event have you registered? _____

Location: _____ Date(s) and Times: _____

Activity Code: (if applicable) _____

Disability: (Please check all that apply)

<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Spina Bifida
<input type="checkbox"/>	Developmental Delays/NOS PDD	<input type="checkbox"/>	Spinal Cord Injury
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Vision Impairment
<input type="checkbox"/>	Downs Syndrome	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Emotional/Behavioral	<input type="checkbox"/>	Other:

What type of accommodation are you requesting? _____

Additional Comments: _____

**Please deliver or email this form to:
Araz Valijan, Inclusion Coordinator
City of Santa Clarita Sports Complex - Activities Center Mezzanine
20880 Centre Pointe Parkway, Santa Clarita, CA 91350**

Received: avalijan@santa-clarita.com