



PASSPORT OPPORTUNITIES REGISTRATION FORM

Please return completed registration form prior to closing of on-line registration

First Name:		Last Name:	
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street:		Unit:	
City:		Postal Code:	
Phone:	Cell:	Email:	
Health Card #:		Mobility Plus #:	
Allergies:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medications: See page 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fears:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diet Restrictions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Assistance with Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Assistance with Behaviours:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Asthma:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High Blood Pressure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Heart Condition:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Seizures:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetic:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2 (write explanation below)	
Assistance with Feeding:	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Total <input type="checkbox"/> G tube
Assistance with Toileting:	<input type="checkbox"/> None	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate <input type="checkbox"/> Total
Communication:	<input type="checkbox"/> Verbal	<input type="checkbox"/> Non Verbal	<input type="checkbox"/> Assistive Devices
Additional support Staff required	<input type="checkbox"/> Yes (if yes see below)		<input type="checkbox"/> No if yes see below
Bring your own	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Need additional staff supplied for an additional cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Information we need to best support you: (seizures, medications, allergies, fears, preferences)			

