



ADA Request for  
Accommodation Form

Child's Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

YMCA Program: \_\_\_\_\_

1. Please describe the physical, mental, or cognitive impairment(s) that qualify your child for accommodation. Attach any documents that would support the request.

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2. Please describe the accommodations you are requesting for your child. Be as specific as possible (i.e. if you are requesting a piece of equipment or device to be used, a medical plan to follow, a procedure for the care of your child, food allergies as documented by an agency, etc.)

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3. If accommodation requires additional expense to regular programming, please provide information on what funding sources will be utilized.

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4. Is there any other information that might help the YMCA evaluate this request?

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I give the YMCA of Rapid City permission to explore reasonable accommodations under the Americans with Disabilities Act. This may include sharing all provided information with YMCA personnel and/or support agencies. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that I will be required to provide appropriate documentation of my child's disability or need for accommodation.

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

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*For Office Use Only*

Date Request Received: \_\_\_\_\_

Signature of Person Receiving Request: \_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature)