

Recreation Programs



Personal Care Attendant Form

The City of Round Rock Parks and Recreation does not provide personal care services such as feeding, certain medications, or toileting: diapering, post-toilet wiping, transferring, or the changing of clothes. Team members may assist in verbal cues, reminders, and buttoning or zipping of clothing. However, upon request, we will allow the person who requires such services to bring their own Personal Care Attendant to enable their participation. Personal Care Attendants may attend programs free of charge, though will be required to independently transport themselves to and from offsite locations and pay for their own field trip tickets if necessary.

The City of Round Rock Parks and Recreation Personal Care Attendant Policy requires paperwork to be signed and submitted from both the service provider and the parent/guardian of the participant for approval. These forms must be submitted no less than 14 days prior to the Personal Care Attendant attending the program. Forms not submitted by the appropriate deadline will not be processed in time and the Personal Care Attendant may not be authorized to attend the program. If necessary, the participant will be provided a full refund.

1. Please complete all sections of this Personal Care Attendant Form and return it to the CMRC Administration Office.
2. This form is to request additional assistance in Youth Based Programs.
3. This service request must be completed and returned within 2 weeks prior to the start of the program.
4. The City of Round Rock Parks and Recreation does not provide personal care services such as feeding, dispense of certain medications, or toileting: diapering, post-toilet wiping, transferring, or the changing of clothes. If you or your participant require assistance with any of the descriptions above, please fill in the information below.

Inclusion Support Service Program Information:

Location:	
Program Name:	
Start Date:	
End Date:	
Day(s) of Week:	
Time:	

Please fill out the information below regarding your Participant:

First Name:	Last Name:
Primary Phone:	Secondary Phone:
Age:	Primary Disability If Applicable:
Emergency Contact Name:	Emergency Contact Phone:

Please fill out the information below regarding your Personal Care Attendant:

First Name:	Last Name:
Primary Phone:	Secondary Phone:
Address:	
Occupation:	
Email:	Date of Birth:
Describe the support the Personal Care Assistant will be providing:	

Please give the Program Coordinator at least 7 business days to approve your request. We thank you for your time and patience.