

# Registration Form

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender:  Male  Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Active Military: \_\_\_\_\_ Veteran: \_\_\_\_\_ Disability: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Type of Living Situation (choose one):  Family  Independent Living  Group Home  Supervised Apt.  Other: \_\_\_\_\_  
 Emergency Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 List Medications: \_\_\_\_\_ Does participant need supervision/assistance with taking medications?  Yes  No  
 Diet Restrictions (list): \_\_\_\_\_  
 Check those that apply:  Asthma  Diabetes  Tube Feeding  Allergies (type: \_\_\_\_\_)  
 Epi Pen required:  Yes  No  
 Is the participant subject to seizures?  Yes  No Type: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Assistive equipment and/or physical restrictions: \_\_\_\_\_  
 Other pertinent information in regards to safety and behavioral concerns: \_\_\_\_\_  
 Other information that may enhance the quality and safety of recreation participation: \_\_\_\_\_

X	Activity Name	#	Fee	X	Activity Name	#	Fee	X	Activity Name	#	Fee
ARTS & CULTURE				SOCIAL ENRICHMENT				SPORTS, FITNESS & AQUATICS Physical Disabilities			
	Mixed Emotions	18308	\$130		OOT Dance Sept. 20	18322	\$5		Adaptive Cycling Sept.	18326	\$10
	Drum Beats - Level 1	18309	\$50		OOT Dance Oct. 18	18323	\$5		Adaptive Cycling Oct.	18327	\$10
	Drum Beats - Level 2	18310	\$50		OOT Dance Nov. 15	18324	\$5		Adaptive Golf	18328	\$45
	Disney Extravaganza	18311	\$50		OOT Dance Dec. 20	18325	\$5		Archery	18329	\$55
COMMUNITY INTEGRATION & LEISURE EDUCATION				Intellectual/Developmental Disabilities					Aqua Rehab Sept.	18330	\$40
	C.O.S. Club	18312	\$40		Boxercise Session 1	18320	\$40		Aqua Rehab Oct.	18331	\$40
	Mark Reyener Stables	18313	\$45		Boxercise Session 2	18321	\$40		Aqua Rehab Nov.	18332	\$40
DAYTIME JAUNTS					Golf 101	18319	\$45		Aqua Rehab Dec.	18333	\$40
	Space Foundation	18314	\$40		Robinhood Training	18318	\$45		Boccia	18334	\$40
	Acacia Ice Skate	18315	\$15		T-Rex-Po	18317	\$10				
	Butte Theater Spamalot	18316	\$50								

- Yes  No I hereby give permission for photographs, stories and recordings of myself and/or my child to be featured in marketing efforts of the City of Colorado Springs - TRP and their agents/partners.
- Yes  No Registrant has authorization to ride the PRCS buses for TRP field trips.
- CONSENT TO CONTACT AND RELEASE INFORMATION:**  
 Yes  No I grant permission to the TRP to contact school, teacher, physician, employer and/or provider for the purpose of gathering or releasing information regarding the participant. The information will be used to implement the most effective plan in providing therapeutic recreation and inclusion services. All information will be kept confidential.

**WAIVER OF LIABILITY AND RELEASE OF ALL CLAIMS:** Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the City of Colorado Springs Therapeutic Recreation Program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of said program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in a program, and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against the City of Colorado Springs Therapeutic Recreation Program and its officers, agents, servants and employees. I do hereby fully release and discharge the City of Colorado Springs Therapeutic Recreation Program and its officers, agents, servants, and employees from any and all claims from injuries, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend the City of Colorado Springs Therapeutic Recreation Program and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize the City of Colorado Springs Therapeutic Recreation Program to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

PLEASE SIGN. EACH REGISTRATION FORM MUST BE SIGNED.

Participant/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_