

Attention TRP Friends and Family!

Please remember to submit a Participant Annual Information Form! This form is designed to simplify the Registration process and aims to collect important information from you once per year! Regardless of the way you register for programs (i.e. in person, by mail or on line) you will need to complete and submit this form with your first registration of the year. Forms are valid for the entire calendar year.

Please contact Felicia if you have any questions at (719) 385-6964 or Felicia.Barnhart@coloradosprings.

REGISTRATION FORM

Participant Name: _____ Age: _____ Birthdate: _____ Gender: Male Female
 Primary Phone: _____ Other Phone: _____ Email: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Disability: _____
 Parent/Guardian Name: _____
 Emergency Contact or Parent: _____ Relationship: _____

✓	Activity Name	#	Fee
ARTS & CULTURE			
	Mixed Emotions Dance Troupe	14855	\$120
	Drum Beats-Level 1	14856	\$40
	Drum Beats-Level 2	14857	\$40
	VTR Drum Beats-Level 1	14858	\$30
	Jam Out Music Time	14859	\$25

SOCIAL ENRICHMENT			
	Out on the Town Dance: Sep 17	14861	\$5
	Out on the Town Dance: Oct 15	14862	\$5
	Out on the Town Dance: Nov 19	14863	\$5
	Out on the Town Dance: Dec 17	14864	\$5
	VTR Dances: Sep 3 - Dec 3	14865	\$10/For 4

COMMUNITY INTEGRATION & LEISURE EDUCATION			
	C.O.S. Club	14866	\$28
	VTR Creative Writing	14867	\$15

✓	Activity Name	#	Fee
DAYTIME JAUNTS			
	Rockies Baseball Game	14868	\$40
	Outdoor Ice Skating-Acacia Park	14869	\$15

OUTDOOR ADVENTURES			
	Track Chair Demo	14870	\$5

SPORTS, FITNESS & AQUATICS			
	Pickleball	14871	\$25
	T-REX-PO	14872	\$5

SPORTS, FITNESS & AQUATICS Intellectual/Developmental Disabilities			
	A Walk In The Park	14873	\$25
	Boxercise: Sep 9-30	14874	\$25
	Boxercise: Oct 7-28	14875	\$25
	Robin Hood Training	14876	\$50
	ZUMBA	14877	\$25

✓	Activity Name	#	Fee
SPORTS, FITNESS & AQUATICS Physical Disabilities			
	Aqua Rehab: Sep 8-29	14878	\$40
	Aqua Rehab: Oct 1-29	14879	\$40
	Aqua Rehab: Nov 1-29	14880	\$40
	Aqua Rehab: Dec 1-17	14881	\$40
	Adaptive Golf	14882	\$22+\$30
	Boccia: Sep 14-Oct 12	14883	\$36
	Boccia: Oct 19-Nov 16	14884	\$36
	Adaptive Cycling Rides: Sep 11	14885	\$9
	Adaptive Cycling Rides: Sep 25	14886	\$9
	Adaptive Cycling Rides: Oct 9	14887	\$9
	Adaptive Cycling Rides: Oct 23	14888	\$9
	Archery	14889	\$90

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: _____