

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.gov.

REGISTRATION FORM

Participant Name: _____ Age: _____ Gender: Male Female
 Primary Phone: _____ Other Phone: _____ Email: _____
 Disability: _____
 Parent/Guardian Name: _____
 Emergency Contact or Parent: _____ Relationship: _____

✓	Activity Name	#	Fee
ARTS & CULTURE			
	Colorful Colorado Springs	14614	\$40
SOCIAL ENRICHMENT			
	Discovery - D20	14608	\$460
	Discovery - Hillside CC	14607	\$460
	Teen S.C.O.P.E. - Cottonwood	14609	\$360
	Teen S.C.O.P.E. - Pine Creek HS	14610	\$360
	VTR Dances: Aug 13 & 27	14611	\$5
COMMUNITY INTEGRATION & LEISURE EDUCATION			
	Concrete Couch Mural	14630	\$10

✓	Activity Name	#	Fee
OUTDOOR ADVENTURES			
	Whitewater Rafting	14615	\$60
	Adaptive Kayaking/PB - I/DD	14628	\$45
	Adaptive Kayaking/PB - PD	14629	\$45
	Adaptive Water-Skiing: Jun 30	14616	\$10
	Adaptive Water-Skiing: Jul 7	14617	\$10
	Adaptive Water-Skiing: Jul 14	14618	\$10
	Adaptive Water-Skiing: Jul 21	14619	\$10
	Adaptive Water-Skiing: Jul 28	14620	\$10
	Adaptive Water-Skiing: Aug 4	14621	\$10
	Adaptive Tubing: Jun 30	14622	\$10
	Adaptive Tubing: Jul 7	14623	\$10
	Adaptive Tubing: Jul 14	14624	\$10
	Adaptive Tubing: Jul 21	14625	\$10
	Adaptive Tubing: Jul 28	14626	\$10
	Adaptive Tubing: Aug 4	14627	\$10

✓	Activity Name	#	Fee
SPORTS, FITNESS & AQUATICS Intellectual/Developmental Disabilities			
	A Walk In The Park	14631	\$25
	Boxercise	14632	\$25
SPORTS, FITNESS & AQUATICS Physical Disabilities			
	Aqua Rehab	14633	\$40
	Adaptive Cycling: Jun 19	14635	\$9
	Adaptive Cycling: Jul 17	14636	\$9
	Adaptive Cycling: Jul 31	14637	\$9
	Adaptive Cycling: Aug 14	14638	\$9
	Adaptive Cycling: Aug 28	14639	\$9

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 ProgramDetails, Waiver and Release of All Claims and Permission to Secure Treatment.

PLEASE SIGN. EACH REGISTRATION FORM MUST BE SIGNED.

Participant/Parent/Guardian: _____ Date: _____

THERAPUTIC RECREATION - REGISTRATION INFORMATION

HOW TO REGISTER

Complete the information for each class on the Therapeutic Recreation Program Registration Form.

WHERE TO REGISTER

Mail your registration form to or register

In-person:

Therapeutic Recreation Program
1315 E. Pikes Peak Ave.
Colorado Springs, CO 80909

Online: coloradosprings.gov/TR

1. Click the "REGISTER HERE" Button
2. Click MY ACCOUNT
3. Enter (LOGIN and PASSWORD)
4. Click REGISTER FOR ACTIVITIES
5. Use ACTIVITY NUMBER
6. Select the NAME OF ACTIVITY, click ADD TO MY CART
7. In the drop down box, select the participant who will be taking the class. When finished, click CONTINUE.
8. Follow the steps for payment. Visa, MC, Discover, or AMEX accepted. Be sure to complete your order and click CONTINUE
9. Print receipt or go green!

WHEN TO REGISTER

Monday, April 26, 2021; 8 a.m.-5 p.m.

All mail-in and drop-off registrations will be placed in a box. At the end of each day, registrations will be randomly drawn until the classes are filled or all registrations are drawn. **A receipt will be sent to you by email or mail to confirm your enrollment in the class.**

PAYMENT & CANCELLATIONS

To reserve a spot in the program, one-half of each class fee must accompany the registration form. Payment in full must be made by the first day of class. **Make checks payable to Recreation Services.**

CANCELLATIONS

If a class is canceled due to lack of registration, you will be notified and may choose to:

- enroll in another activity
- obtain credit toward other activities
- receive a full refund

ADJUSTED FEES

Payment Plans and Adjusted Fees are available for classes exceeding a registration cost of \$25. Trip fees do not qualify. Please contact the TRP Supervisor for additional information.

REFUND POLICY

A refund or credit for classes/activities will not be issued once registration has occurred. If withdrawal from the class/activity is for a medical reason or due to a move from the Pikes Peak region, a pro-rated credit or refund will be issued from the start date up to the mid-point of the class/activity. No refund or credit will be issued after 50% of the class/activity has been completed.

A full refund or credit will be issued if the Therapeutic Recreation Program cancels a class/activity. When requesting a refund, please specify refund check or credit to your account. Allow 2 weeks for a refund check.

Therapeutic Recreation Program Policies

It is the goal of the Therapeutic Recreation Program to provide a positive, safe, and fun recreation experience for all individuals. To provide you with the best possible experience, we have developed the following policies:

- 1** Please note specific trip arrival and departure times. All trips will wait a maximum of 15 minutes before departing. Upon return, all participants must be picked up within 15 minutes. If you know you will be late, call the cell phone at 651-7704. Please be considerate of the group.
- 2** Note that each program activity has a list of maximum and minimum numbers for enrollment. If the maximum numbers have been reached, a wait list will be initiated and those individuals will be contacted when there is an opening. If the minimum numbers are not reached, the class will be canceled.
- 3** Because we attempt to accommodate as many people as possible, if you cannot participate in a scheduled program, please call to cancel as soon as possible so we can contact the participants on the wait list.