

# 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: \_\_\_\_\_

✓	Activity Name	#	Fee
<b>ARTS &amp; CULTURE</b>			
	Drum Beats	11913	\$7
	Photography in RRCOS	11914	\$5
<b>SOCIAL ENRICHMENT</b>			
	Discovery: Chinook Trail	11904	\$460
	Discovery: Hillside	11906	\$460
	Teen SCOPE: Cottonwood Creek	11907	\$360
	Teen SCOPE: Rampart	11908	\$360
	RISE: Deerfield	11910	\$540
	RISE: Hillside	11911	\$520
	Out on Town Dance: Luau	11912	\$5

✓	Activity Name	#	Fee
<b>OUTDOOR ADVENTURES</b>			
	Whitewater Rafting	11915	\$60
	Adaptive Waterskiing: July 3	11916	\$10
	Adaptive Tubing: July 3	11922	\$10
	Adaptive Waterskiing: July 10	11917	\$10
	Adaptive Tubing: July 10	11923	\$10
	Adaptive Waterskiing: July 17	11918	\$10
	Adaptive Tubing: July 17	11924	\$10
	Adaptive Waterskiing: July 24	11919	\$10
	Adaptive Tubing: July 24	11925	\$10
	Adaptive Waterskiing: July 31	11920	\$10
	Adaptive Tubing: July 31	11926	\$10
	Adaptive Waterskiing: Aug. 7	11921	\$10
	Adaptive Tubing: Aug. 7	11927	\$10

✓	Activity Name	#	Fee
<b>OUTDOOR ADVENTURES CONTINUED</b>			
	Adaptive Kayaking <i>Intellectual/Developmental Disabilities</i>	11928	\$45
	Adaptive Kayaking <i>Physical Disabilities</i>	11929	\$45
	Adaptive Paddle Boarding <i>Intellectual/Developmental Disabilities</i>	11930	\$40
	Adaptive Paddle Boarding <i>Physical Disabilities</i>	11931	\$40
	Splish Splash Bash	11932	\$10
	Mountain Adventures Overnight	11933	\$180

<b>SPORTS, FITNESS &amp; AQUATICS</b> <i>Intellectual/Developmental Disabilities</i>			
	Summer Games	11937	\$10

<b>SPORTS, FITNESS &amp; AQUATICS</b> <i>Physical Disabilities</i>			
	Aqua-Rehab: July 29-Aug. 30	11938	\$40
	Adaptive Cycling: June 8	11939	\$9
	Adaptive Cycling: June 29	11940	\$9
	Adaptive Cycling: July 13	11941	\$9
	Adaptive Cycling: Aug. 3	11942	\$9
	Adaptive Cycling: Aug. 17	11943	\$9

<b>COMMUNITY INTEGRATION/LEISURE EDUCATION</b>			
	Indoor Skydiving	11934	\$55
	Evening at Butte Theater	11935	\$43
	Game Night Out	11936	\$25

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.

Yes  No **CONSENT TO CONTACT AND RELEASE INFORMATION:**

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: \_\_\_\_\_