

# 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>			
	Mixed Emotions Dance Troupe	11499	\$120
	Drum Beats Level 1	11500	\$40
	Drum Beats Level 2	11501	\$40
	Drum Beats for persons with physical disabilities	11503	\$7
	Photography in the Park	11504	\$25

✓	Activity Name	#	Fee
<b>SOCIAL ENRICHMENT</b>			
	Brain Games & Giggles	11505	\$10
	Out on the Town Dance: Jan. 18	11506	\$5
	Out on the Town Dance: Feb. 15	11507	\$5
	Out on the Town Dance: Mar. 15	11508	\$5
	Out on the Town Dance: Apr. 19	11509	\$5
	Out on the Town Dance: May 17	11510	\$5

✓	Activity Name	#	Fee
<b>COMMUNITY INTEGRATION/LEISURE EDUCATION</b>			
	C.O.S. Club	11512	\$74
	Safe and Strong	11545	\$25
	Reigning Hope Country Clinic	11513	\$40
	T&G - Caregivers Day	11514	FREE
	T&G - Mother's Day	11515	\$5

✓	Activity Name	#	Fee
<b>DAYTIME JAUNTS/OUTDOOR ADVENTURES</b>			
	Denver Museum	11517	\$40
	Colorado College Hockey	11518	\$43
	Paint Mines Interpretive Park	11516	\$25
	Cross Country Skiing/Snow-Shoeing	11519	\$68
	Downhill Skiing <i>Intellectual/Developmental Disabilities</i>	11520	\$88
	Downhill Skiing <i>Physical Disabilities &amp; Veterans</i>	11521	\$88
	Dog Sledding	11522	\$48

✓	Activity Name	#	Fee
<b>SPORTS, FITNESS &amp; AQUATICS</b>			
	Wheelchair Fencing Demo <i>Intellectual/Developmental Disabilities</i>	11523	\$5
	Wheelchair Fencing Demo <i>Physical Disabilities</i>	11524	\$5

✓	Activity Name	#	Fee
<b>SPORTS, FITNESS &amp; AQUATICS Intellectual/Developmental Disabilities</b>			
	Circuit City	11525	\$25
	Not Your Average Sports Series	11526	\$12.50
	Aqua Fitness	11527	\$25
	Cycling Trail Series	11528	\$27

✓	Activity Name	#	Fee
<b>SPORTS, FITNESS &amp; AQUATICS Physical Disabilities</b>			
	Aqua-Rehab: Jan. 2-Feb. 1	11529	\$40
	Aqua-Rehab: Feb. 4-Mar. 1	11530	\$40
	Aqua-Rehab: Mar. 4-29	11531	\$40
	Aqua-Rehab: Apr. 1-26	11532	\$40
	Aqua-Rehab: Apr. 29-May 24	11533	\$40
	Boccia: Jan. 8-Feb. 12	11534	\$36
	Boccia: Feb. 19-Mar. 26	11535	\$36
	Boccia: Apr. 2-May 7	11536	\$36
	Boccia Battle: Recreational	11537	\$5
	Boccia Battle: Competitive	11538	\$5
	Adaptive Cycling: Apr. 13	11539	\$9
	Adaptive Cycling: Apr. 27	11540	\$9
	Adaptive Cycling: May 11	11541	\$9
	Adaptive Cycling: May 18	11542	\$9
	Archery: Feb. 6-27	11543	\$60
	Archery: Mar. 13-Apr. 3	11544	\$60

Yes  No **(check all that apply)**  
 Educational Material |  Promotional Material |  Social Media

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 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.

I hereby give permission for photographs, stories and recordings of myself and/or my child to featured in the following marketing efforts of the City of Colorado Springs Recreation Services Division and their agents/partners.

**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: \_\_\_\_\_