

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
ARTS & CULTURE			
	MixedEmotionsDanceTroupe	16034	\$120
	Drum Beats - Level 1	16035	\$40
	Drum Beats - Level 2	16036	\$40
	You Can Uke!	16037	\$38
SOCIAL ENRICHMENT			
	OOT Dance Sept. 16	16038	\$5
	OOT Dance Oct. 21	16039	\$5
	OOT Dance Nov.18	16040	\$5
	OOT Dance Dec. 16	16041	\$5
	VTR Dances/all 4 months	16042	\$10

✓	Activity Name	#	Fee
COMMUNITY INTEGRATION & LEISURE EDUCATION			
	C.O.S. Club	16043	\$28
DAYTIME JAUNTS			
	Top Golf-TBA		\$40
	Butte Theatre Young Frankenstein	16044	\$45
	Outdoor Ice Skating @ Acacia Park	16045	\$15
SPORTS, FITNESS & AQUATICS Intellectual/Developmental Disabilities			
	Boxercise: Sept. 8-29	16046	\$25
	Boxercise: Oct. 6-27	16047	\$25
	Robin Hood Training	16048	\$50
	Zumba	16049	\$25

✓	Activity Name	#	Fee
SPORTS, FITNESS & AQUATICS Physical Disabilities			
	Aqua Rehab: Sept. 7-30	16050	\$40
	Aqua Rehab: Oct. 3-31	16051	\$40
	Aqua Rehab: Nov. 2-30	16052	\$40
	Aqua Rehab: Dec. 2-16	16053	\$40
	Adaptive Golf	16054	\$22
	Boccia: Sept. 13-Oct.11	16055	\$36
	Boccia: Oct. 18-Nov. 15	16056	\$36
	Adaptive Cycling: Sept. 10	16058	\$9
	Adaptive Cycling: Sept. 24	16059	\$9
	Adaptive Cycling: Oct. 8	16060	\$9
	Adaptive Cycling: Oct. 22	16061	\$9
	Archery: Nov. 9-30	16062	\$90

REGISTRATION OPENS AUG. 15!

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: _____