

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			
	Intro to Drum Beats	15809	\$25

✓	Activity Name	#	Fee
VIRTUAL TIME RECREATING (VTR)			
	VTR Out On The Town Dance	15807	\$3

✓	Activity Name	#	Fee
SOCIAL ENRICHMENT			
	Discovery at Pioneer Elementary	15801	\$460
	Discovery at Hillside Community Ctr	15803	\$460
	Teen SCOPE Cottonwood	15806	\$360
	Teen SCOPE Mountain Ridge MS	15804	\$360
	Out On The Town Dance Aug 19	15808	\$5

✓	Activity Name	#	Fee
DAYTIME JAUNTS			
	Indoor Skydiving With iFLY	15825	\$50

✓	Activity Name	#	Fee
OUTDOOR ADVENTURES			
	Whitewater Rafting	15810	\$60
	Adaptive Water Skiing Jun 29	15811	\$10
	Adaptive Water Skiing Jul 6	15812	\$10
	Adaptive Water Skiing Jul 13	15813	\$10
	Adaptive Water Skiing Jul 20	15814	\$10
	Adaptive Water Skiing Jul 27	15815	\$10
	Adaptive Water Skiing Aug 3	15816	\$10
	Adaptive Water Tubing Jun 29	15817	\$10
	Adaptive Water Tubing Jul 6	15818	\$10
	Adaptive Water Tubing Jul 13	15819	\$10
	Adaptive Water Tubing Jul 20	15820	\$10
	Adaptive Water Tubing Jul 27	15821	\$10
	Adaptive Water Tubing Aug 3	15822	\$10

✓	Activity Name	#	Fee
SPORTS, FITNESS & AQUATICS Intellectual/Developmental Disabilities			
	A Walk In The Park	15826	\$25
	Fitness In The Park	15827	\$25
	Adaptive Kayaking/Paddle Boarding - IDD	15823	\$45

✓	Activity Name	#	Fee
SPORTS, FITNESS & AQUATICS Physical Disabilities			
	Aqua Rehab: Aug 1-Sep 2	15828	\$40
	Adaptive Cycling Rides Jun 25	15829	\$9
	Adaptive Cycling Rides Jul 9	15830	\$9
	Adaptive Cycling Rides Jul 23	15831	\$9
	Adaptive Cycling Rides Aug 13	15832	\$9
	Adaptive Cycling Rides Aug 27	15833	\$9
	Adaptive Kayaking/Paddle Boarding - PD	15824	\$45

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: _____