

# 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	✓	Activity Name	#	Fee	✓	Activity Name	#	Fee
ARTS & CULTURE				DAYTIME JAUNTS				SPORTS, FITNESS & AQUATICS Physical Disabilities			
	Mixed Emotions	17411	\$130		Tubing at Frisco	17424	\$75		Aqua Rehab: Jan. 5-31	17438	\$40
	Drum Beats Level 1	17412	\$50		Space Foundation	17425	\$40		Aqua Rehab: Feb. 2-28	17439	\$40
	Drum Beats Level 2	17413	\$50		Denver Botanic Gardens	17426	\$42		Aqua Rehab: Mar. 1-29	17440	\$40
	Broadway Showstopper	17414	\$40	OUTDOOR ADVENTURES					Aqua Rehab: Apr. 1-29	17441	\$40
	TR-Y It All	17415	\$15		XC Ski & Snow Shoe	17427	\$78		Aqua Rehab: May 1-24	17442	\$40
	Laugh Factory	17416	\$40		Downhill Ski - Vets/Phys Dis	17428	\$98		Boccia: Jan. 9-Feb. 6	17443	\$40
SOCIAL ENRICHMENT					Downhill Ski - ID/DD	17429	\$98		Boccia: Feb. 13-Mar. 12	17444	\$40
	OOT Dance Jan. 19	17418	\$5		Dog Sledding	17430	\$88		Adaptive Cycling: May 18	17445	\$10
	OOT Dance Feb. 16	17419	\$5	SPORTS, FITNESS & AQUATICS Intellectual/Developmental Disabilities					Archery	17446	\$45
	OOT Dance Mar. 15	17420	\$5		Boxercise: Jan. 11-Feb. 8	17431	\$40		Adaptive Golf	17447	\$45
	OOT Dance Apr. 19	17421	\$5		Boxercise: Feb. 15-Mar. 14	17432	\$40				
	OOT Dance May 17	17422	\$5		Werk It!	17433	\$35				
COMM INTEGRATION/ LEISURE EDUCATION					Robin Hood - Jan. 10-31	17434	\$45				
	C.O.S. Club	17423	\$40		Robin Hood - Mar. 6-27	17435	\$45				
	Gardening Sense	17417	\$45		Golf 101 Series	17436	\$45				
					Cycling Skills Series	17437	\$35				

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: \_\_\_\_\_