

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			OUTDOOR ADVENTURES CONT.			SPORTS, FITNESS & AQUATICS Physical Disabilities		
Photography in the Park	18120	\$40	Whitewater Rafting	18121	\$70	Aqua Rehab: Aug. 5-30	18138	\$40
SOCIAL ENRICHMENT			Adaptive Water Skiing Jul 3	18122	\$12	Adaptive Cycling: Jun 15	18139	\$10
Discovery at Explorer	18114	\$510	Adaptive Water Skiing Jul 10	18123	\$12	Adaptive Cycling: Jul 20	18140	\$10
Discovery at Hillside	18113	\$510	Adaptive Water Skiing Jul 17	18124	\$12	Adaptive Cycling: Aug 17	18141	\$10
Teen SCOPE Cottonwood	18116	\$410	Adaptive Water Skiing Jul 24	18125	\$12	SPORTS, FITNESS & AQUATICS CONT. Intellectual/Developmental Disabilities		
Teen SCOPE Mountain Ridge	18117	\$410	Adaptive Water Skiing Jul 31	18126	\$12	Zumba Series	18137	\$35
OOT Dance August 16	18119	\$5	Adaptive Water Skiing Aug 7	18127	\$12	DAYTIME JAUNTS		
OUTDOOR ADVENTURES			Adaptive Water Tubing Jul 3	18128	\$12	Rockies Baseball Game	18136	\$50
Adaptive Kayaking/Paddle Boarding - IDD	18134	\$50	Adaptive Water Tubing Jul 10	18129	\$12			
Adaptive Kayaking/Paddle Boarding - PD	18135	\$50	Adaptive Water Tubing Jul 17	18130	\$12			
			Adaptive Water Tubing Jul 24	18131	\$12			
			Adaptive Water Tubing Jul 31	18132	\$12			
			Adaptive Water Tubing Aug 7	18133	\$12			

- 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.
- CONSENT TO CONTACT AND RELEASE INFORMATION:**
- Yes No 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: _____