



City of Lakewood
Adaptive Recreation Program Registration Form (Updated April 2021)

Participant Information

Last:	First:	Middle:
Birth date: / /	Current Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:		
City:	State:	Zip:
Main Phone Number:	Cell Phone Number:	
Email Address:		

Medical Information

Check items that apply, past or present, regarding the participant's health history:

<input type="checkbox"/> Dietary Restrictions	<input type="checkbox"/> Autism	<input type="checkbox"/> Asperger's Syndrome
<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Behavior/Emotional Disability	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Hard of Hearing/Deaf	<input type="checkbox"/> Heat Stroke/Exhaustion	<input type="checkbox"/> Allergies
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Orthopedic Handicap	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Other _____

Please give detailed information for anything checked above or list other medical issues or disabling conditions (use additional pages if necessary):

Is the participant on medication? If yes, please list any:
 No Yes If yes, please list any: _____

Will the participant need to take medication during the hours of supervision by City of Lakewood Staff?
 No Yes If yes, please list any: _____

Please note that recreation staff will not hold on to medications nor administer medicine to a participant.

Emergency Contact Information

Name:	Relationship to Participant:
Main Phone Number:	Cell Phone Number:
Name:	Relationship to Participant:
Main Phone Number:	Cell Phone Number:

Participant Waiver and Release

I, the undersigned, fully understand that my and/or my child(ren)'s participation in the activity(ies), hereinafter referred to as "EVENT/CLASS" exposes me and/or my child(ren) to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge my and/or my child(ren)'s voluntary participation in EVENT/CLASS and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Lakewood, hereinafter referred to as "CITY", its officers, employees and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my and/or my child(ren)'s voluntary participation in EVENT/CLASS from whatever cause, including the active or passive negligence of CITY, its officers, employees and agents or any other participants in EVENT/CLASS. The parties to this agreement understand that this document is not intended to release any party from any act or omission of gross negligence, as the term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in EVENT/CLASS, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless CITY, its officers, employees and agents from any and all claims, demands, actions or suits arising out of or in connection with my and/or my child(ren)'s voluntary participation in EVENT/CLASS. I understand and agree that EVENT/CLASS may be recorded for viewing and/or listening by others during EVENT/CLASS and at a future date. I consent to CITY's use of audio and video recordings and photographs of me and/or my child(ren) during EVENT/CLASS and that CITY may use audio and video segments or photographs of me and/or my child(ren) for any purpose, including but not limited to news, advertising and promotional purposes, without compensation to me and/or my child(ren). I hereby release and hold harmless CITY from any claims relating to the use of my and/or my child(ren)'s likeness and image. **I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.**

Print Name: _____ Signature: _____ Date: _____