

TRS REGISTRATION FORM INSTRUCTIONS:

OPTION 1: Hard Copy



1. **Print** out form
2. **Fill Out Form** COMPLETELY (all 3 pages)
3. **Send!**
 - a. **Email** to abusch@spokanecity.org (scan document OR take a clear picture with your smartphone)
 - b. **Snail Mail** to: | City of Spokane Parks and Recreation Class Registration
| 808 W. Spokane Falls Blvd.
| Spokane, WA 99201
 - c. **Fax** 509.363.5450

-- OR --



OPTION 2: Electronic

1. **Save** this form to your computer
2. **Fill Out Form** COMPLETELY (all 3 pages)
3. **Save** (again)
4. **Email** as pdf attachment to abusch@spokanecity.org

****If form is not saved to computer *before* **and** *after* filling out, Alice will receive a blank registration form ☹**

THANK YOU!



City of Spokane Parks and Recreation Department
ACTIVITY REGISTRATION FORM

509.755.CITY (2489)
SpokaneParks.org

Which program are you registering for? ☐ General ☐ TRS PAYEE INFORMATION	LAST NAME			FIRST NAME			MI
	ADDRESS				CITY/STATE		ZIP
	DAY WORK OR CELL PHONE		NIGHT PHONE		EMAIL		

PARTICIPANT INFORMATION			BIRTHDATE	AGE	GENDER	ACTIVITY NUMBER	ACTIVITY NAME	FEE
LAST NAME	FIRST NAME	MI						
			/ /		M F			
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Statistical Information (birthdate & sex of participant) is used for demographics and to customize course activities

Make checks payable to: City of Spokane	Mailing Address: Spokane Parks & Recreation Department Class Registration – My Spokane 808 W. Spokane Falls Blvd. Spokane, WA 99201-3317	Total Program Fees: \$
Credit Card /Debit Card payments are also accepted in the form of VISA, MC or AMEX for Online or Phone Registrations Only.		

DDA will send funds. ☐ Yes ☐ No	Case Manager Name: _____ phone # _____ email: _____
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Please contact your case manager to send verification of payment to: abusch@spokanecity.org

THERAPEUTIC RECREATION ONLY

General supervision is provided 15 minutes prior to class time and 15 minutes at end of class. If additional supervision is required there will an additional fee imposed.

Check One: Group Home/Institution _____ In Own Home/Apartment _____ Private Home With Parent _____

Dietary Precautions/Foods to avoid:

Allergies: ☐ Bee/Wasp Stings ☐ Drug Allergies ☐ Food Allergies ☐ Latex Allergies ☐ Other Please Specify:

Activity Limitations/Physical problems (if any):

Will you (your child) need to be reminded to take medications during program hours? ☐ Yes ☐ No

Careprovider/Support Staff provided? ☐ Yes ☐ No

Will you be using Paratransit? ☐ Yes ☐ No If yes, what is your rider number?

THERAPEUTIC RECREATION

Do you have any disabilities? (be specific)

Participant Personal Needs:

Therapeutic Recreation staff provides leadership and supervision for the activity but are unable to provide attendant care (feeding, toileting assistance, giving medications, transfers, etc.). Care providers should accompany participants who need such attendant care. Parks & Recreation staff reserves the right to mandate a care provider as a prerequisite to participation. Registration fees for care providers will vary by activity.

Social Skills/Behavioral Info:	Participation:	Needs Help Managing:	Behavioral Triggers or fears:
	☐ Easily ☐ Needs Occasional Prompting ☐ Needs Constant Prompting	☐ Behavior ☐ Personal Space ☐ Emotions	Other information:
Mobility and Adaptive Equipment:	Do you use adaptive equipment?	Wheelchair:	Check all that apply:
	☐ Yes ☐ No	☐ Manual ☐ Full-time ☐ Electric ☐ Part-time	☐ Cane/Crutches ☐ AFO's/Splint/braces ☐ Walker
Daily Life:	Toileting:	Eating	Communication Information:
	☐ Independent ☐ Independent w/reminders ☐ Only with assistance	☐ Independent ☐ Independent w/ partial assistance ☐ Only with assistance	☐ Verbal and clearly understood ☐ Verbal but not clearly understood ☐ Non-verbal ☐ Uses sign language ☐ Uses a communication board
Other information:			

Additional Personal Needs Information:

MEDICATION INFORMATION & WAIVER *signature required

This form must be completed by all participants who require medication while attending a City of Spokane activity (referred to herein as "Participant"). **Please complete the Medication Information Form & Waiver of Liability even if Participant will not take medication while at the activity.** This information will help us better assist Participant with medications.

- The activity leaders will provide reminders to Participant to take medications and to safely secure medication when not in use.
- Participant must be able to take his/her own medications while at the activity.
- Please package medication by dose in individual extra small zip lock bags or blister cards labeled by the pharmacy to include: 1) name of Participant; 2) name of physician; 3) name of pharmacy; 4) dosage and amount; and 5) time to take. For example, if Participant takes six different medications at dinner time there should be six small zip lock bags or blister cards, each with the label information listed above. Then put all bags in a larger zip lock bag labeled with Participant's name, date, day, and time to take; e.g. Sam Jones, Saturday, June 15, 6:00 pm.
- Please send only the amount of medication needed for the dates of the activity. Do not send excess dosages.
- If Participant has a medical insurance card, please bring it in case of emergency.

WAIVER OF LIABILITY: I understand that personnel from Parks & Recreation will administer only the prescribed medication mentioned in this Medication Information Form. I hereby waive any and all claims against the City of Spokane, which includes the City of Spokane Parks & Recreation Division and Therapeutic Recreation Services; any employees, chaperones, or volunteers; and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party"), and agree to hold Released Parties harmless from any and all liability which may arise in connection with Participant's use of medication.

BY SIGNING ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement.

Signature _____

Date _____

MEDICATION TAKEN	Type:	Dosage:	Time(s):
	Type:	Dosage:	Time(s):
	Type:	Dosage:	Time(s):

List any special instructions/cautions/side effects:

CITY OF SPOKANE PARKS & RECREATION DEPARTMENT WAIVER AND RELEASE OF LIABILITY

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!

THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION

1. Each person participating in the City of Spokane Parks & Recreation Division's activity identified herein (referred to as "Activity") is referred to as "Participant." I, the undersigned, am a Participant and, if a Participant is under 18 or has a guardian, I am the Participant's parent or legal guardian. I understand that participating in the Activity referenced herein can be HAZARDOUS AND INVOLVE THE RISK OF PHYSICAL INJURY AND/OR DEATH.
2. I understand the dangers and risks of the Activity and that Participant ASSUMES ALL INHERENT DANGERS AND RISKS of the Activity.
3. In consideration for being permitted to participate in the Activity, I AGREE, to the greatest extent permitted by law, TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE the City of Spokane, which includes the City of Spokane Parks & Recreation Division and Therapeutic Recreation Services; any employees, chaperones, or volunteers; and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") FOR ANY INJURY, INCLUDING DEATH, LOSS, PROPERTY DAMAGE, OR EXPENSE, WHICH I, OR PARTICIPANT, MAY SUFFER, ARISING IN WHOLE OR IN PART OUT OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITY except only for injury or damage caused by the sole negligence of the City of Spokane, its employees, or agents. To the extent Participant's damages were caused by or resulted from the concurrent negligence of the City of Spokane, its elected and appointed officers, employees, agents, or representatives, the obligation to indemnify, defend, and hold harmless is valid and enforceable to the extent of the negligence of Participant.

I UNDERSTAND THAT I AM ENGAGING IN AN ACTIVITY THAT HAS NUMEROUS INHERENT RISKS THAT COULD LEAD TO MY SERIOUS INJURY (INCLUDING COMPLETE PARALYSIS) OR DEATH. I ACKNOWLEDGE THAT REMOVING THOSE RISKS IS NOT POSSIBLE AND ELIMINATING THOSE RISKS WOULD FUNDAMENTALLY CHANGE THE NATURE OF THE ACTIVITY AND WOULD JEOPARDIZE THE ESSENTIAL QUALITIES OF THE ACTIVITY.

IN FURTHER CONSIDERATION FOR ALLOWING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, INCLUDING THOSE OF WHICH I AM NOT AWARE, THOSE NOT MENTIONED IN THIS RELEASE AND THOSE RESULTING FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

4. I AGREE TO PAY ALL COSTS, INCLUDING ATTORNEYS' FEES, INCURRED BY ANY RELEASED PARTY IN DEFENDING AN INVESTIGATION, CLAIM, OR LAWSUIT BROUGHT BY OR ON PARTICIPANT'S BEHALF WHETHER ARISING IN WHOLE OR IN PART FROM PARTICIPANT'S PARTICIPATION IN ANY ACTIVITY OR FROM ANY MISREPRESENTATIONS OR FRAUDULENT EXECUTION OF THIS AGREEMENT.
5. I represent that Participant is in good health and that there are no special problems associated with Participant's physical or mental condition that would enhance the risks of my participation in the Activity, that would increase the likelihood of my injury and/or death, or that would interfere with my safety in the Activity. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for Participant which may be necessary and agree to be fully responsible for any costs associated with such care or transport to such care.
6. I grant the Released Parties the right of publicity to own and use any image collected of Participant while participating in the Activity. **YES** **NO**
7. I agree that any and all claims for loss, injury, and/or death arising from Participant's participation in the Activity shall be governed by the law of the State of Washington and that exclusive jurisdiction of any such claim shall be in a court of competent jurisdiction in the in the State of Washington, County of Spokane.
8. BY SIGNING ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement. I acknowledge that the Activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, or death to Participant as well as damage to property, or to third parties. I understand that such risk cannot be eliminated without jeopardizing the essential qualities of the activity. I assume the risk and financial responsibility for any injury, illness, or liability resulting from Participant's participation. I waive any claims and agree to hold harmless and not sue Released Parties from all claims or liability arising out of Participant's participation. I have been made aware of the itinerary and give permission for Participant to ride in the vehicle designated by the staff of the City of Spokane Park & Recreation Division while attending or participating in the Activity, and I understand this release/waiver applies with equal weight to any claim arising from riding in a vehicle, including entering or exiting the vehicle. I certify that the Participant has no medical or physical conditions that could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

In case of emergency involving Participant, I understand every effort will be made to contact me. In the event I cannot be reached, I authorize a qualified physician/surgeon selected by City of Spokane personnel to examine and in the event of injury or serious illness administer emergency care to the above-named participant which may include hospitalization, anesthesia, surgery, or injections of medication for Participant. I understand every reasonable effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for City of Spokane Parks & Recreation staff or volunteers to obtain emergency care for Participant, I agree that neither the City of Spokane nor any of its personnel assumes financial liability for expenses incurred because of the accident, injury, or illness.

9. I understand that this Agreement will apply for each and every day Participant participates in any Activity. I understand that this Agreement is a contract and, to the fullest extent permitted by law, shall be binding on me and my assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties.

MINOR PARTICIPANT INFORMATION – requires Parent/Guardian to complete, sign & date below

Minor – Last Name, First name, M.I. (print)

Date of birth (MM-DD-YYYY)

ADULT PARTICIPANT INFORMATION – required to complete, sign & date below

Adult/Parent/Guardian - Last, First, M.I. (print)

Date of birth (MM-DD-YYYY)

Signature

Date

Emergency Contact (print)

Relation

Phone number