DIVISION OF PARKS AND RECREATION
INDIVIDUAL REGISTRATION FORM
Therapeutic Recreation Program (*PLEASE PRINT)*

Date Received: _____
Amount Paid: _____
Mailing List: ☐ Y ☐ N
Confirmation Sent: _____
Scholarship: _____

Name: _____ Age: _____ Total Fees Enclosed: _____

Street Address: _____ Gender: ☐ M ☐ F

City: _____ State: _____ Zip: _____ Birthday: _____

Parent/Guardian Name: _____ Participant Phone: _____

Home Phone: _____ Work Phone: _____

Street Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____ Other Phone: _____

Emergency Contact: _____ Work Phone: _____

Hospital Preference: _____

Primary Disability: _____

Please list assistive equipment if used: _____

Allergies: _____

Medications: _____

Please check each class or program for which you are registering. Return this form and all fees to: **Therapeutic Recreation, Lexington Parks & Recreation, 545 N. Upper Street, Lexington, KY 40508**. Classes will be filled on a first-come, first-served basis on the postmarked date on the registration envelope. In the event that a class/program is filled before your application is received, your fees will be returned.

ALL fees must accompany this registration form. DO NOT SEND CASH. Make your check or money order payable to the Division of Parks and Recreation. If payment of fees presents a hardship, please contact the Therapeutic Recreation Office at (859) 288-2908. Limited scholarships are available. This form is not a confirmation of class registration.

Remember - Classes and programs fill up quickly. Please mail in your registration form as soon as possible.

FALL 2016 PROGRAM SCHEDULE

Registration begins Monday August 1, 2016

☐	**Overnight Excursion**	☐	**Everybody Dance ($50) 528359-E1**
	Barren River State Park		Tuesdays, Sept. 13 – Dec. 6
	Wednesday, Aug. 17 - 19		6:15 - 7:15 p.m.
	Cost: $80 (cash only)		No class on Nov. 22
☐	**Adult Fitness ($50) 215041-02**	☐	**Drama Group ($35) 215051-02 (New Location)**
	Tuesdays/Thursdays, Aug. 23 – Dec. 8		Wednesdays, Oct. 19 – Dec. 7
	12:30 – 2:30 p.m.		6:00 – 7:30 p.m.
	No class on Nov. 22		no class on Nov. 23
☐	**Horsemanship ($125) 215061**	☐	**Keeneland**
	Aug. 24 - Oct. 14		Thursday, Oct. 20
	☐ Wednesday 3:30 – 4:30 p.m. **(01)**		10:00 a.m. – 4:00 p.m.
	☐ Wednesday 4:45 – 5:45 p.m. **(02)**		No class on Nov. 22
	☐ Friday 2:00 – 3:00 p.m. **(03)**	☐	**Hand Drumming ($35) 215051-03**
	☐ Friday 3:15 4:15 p.m. **(04)**		Fridays, Oct. 21 – Nov. 18
☐	**Bowling ($5 pay at the door) 215031-03**		1:30 – 2:30 p.m.
	Saturdays, Sept. 10 – Nov. 12	☐	**Fall Dance**
	No bowling Oct. 15 and 29		Friday, Oct. 21
	1:00 – 3:00 p.m.		6:00 – 9:00 p.m.
☐	**Adapted Aquatics ($40) 215021**	☐	**Holiday Dinner Dance**
	Mondays, Sept. 12 - Oct. 31		Saturday, Dec. 3
	☐ 2:50 – 3:20 p.m. (01)		5:00 – 9:00 p.m.
	☐ 3:25 – 3:55 p.m. (02)		
	☐ 4:00 – 4:30 p.m. (03)		

RSVP for fall dance, holiday dinner dance, and any trips by calling (859) 288-2908 or emailing bclaiborne@lexingtonky.gov.
Note: Please complete the Medical Consent, Waiver Agreement, and Information Form on the back of this form

THIS SECTION MUST BE COMPLETED AND SIGNED FOR PARTICIPATION

MEDICAL CONSENT AGREEMENT AND RELEASE: I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in or to grant any additional authorization for any surgical procedure. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Participant or Parent/Guardian (if minor child): _____ Date: _____

WAIVER AND RELEASE AGREEMENT:

(1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s).

(2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation.

(3) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

(4) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators.

(5) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted 7 business days prior to the start of the activity, except in special circumstances such as medical reasons.

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Participant or Parent/Guardian (if minor child): _____ Date: _____

PARKS & RECREATION LEXINGTON, KY

Therapeutic Recreation Programs
Participant Information Form

In order to better meet you/your child's needs, please fill out the following information completely.

DATE COMPLETED: _____

PARTICIPANT'S NAME: _____ **GENDER:** _____ **AGE:**____
DOB:_____ **PRIMARY PHONE NUMBER:**_____

Please list all disabilities_____
_____

Allergies □ Yes □ No □ Seasonal □ Food □ Drug □ Other _____
Comments:_____

Does the individual use/wear any of the following devices?

□ Contact lenses □ Orthopedic devices □ Dentures □ Glasses

□ Hearing aids □ Other Please explain:_____

Personal Care/Hygiene

Does the individual wear incontinence products? (I.e. diapers, pull ups or depends)
□ Yes □ No

	Independent	Requires Assistance	If requires assistance, explain:
Dressing	□	□	_____
Using Toilet	□	□	_____
Menstruation	□	□	_____
Eating	□	□	_____

How does the individual indicate/communicate the need listed above?_____
_____

Mobility (please check all that apply)

□ Walks without Assistance □ Manual Wheelchair □ Power Wheelchair
□ Cane(s) □ Crutches □ Walker
□AFO's/Braces When are they worn? _____

Safety Considerations (please check all that apply)

□ Runner □ Stays with group □ Recognizes Danger □ Does not Recognize Danger
Other:_____

Communication (please check all that apply)

□ Speaks fluently □ Reads □ Gestures/Leads/Guides □ Non-verbal
□ Writes □ Sign Language □ Uses Words and/or phrases
□ Communication Board/Book
Other:_____

Personality/Behaviors (please check all that apply)

□ Active □ Aggressive/Argumentative □ Cautious □ Cooperative □ Depressed □ Emotional □ Excitable □ Friendly
□ Inquisitive □ Manipulative □ Passive □ Sensitive
□ Sociable □ Stubborn □ Tantrums □ Withdrawn
□ Other (please explain) _____

What behavior management technique works best for the individual?
□ Positive Reinforcement □ Time Out □ Token system

Social (please check all that apply)

□ Interacts well with peers □ Interacts well with Adults □ Prefers to be alone
□ Initiates conversations/interactions □ Prefers small groups (< 10) □ Prefers large group's
□ Enjoys group outings □ Tolerates loud noise levels
□ Does not tolerate loud noise levels
Comments:_____

Swimming Experience (please check all that apply)

□ Cannot Swim □ Limited Ability □ Swims Independently
□ Fears Water □ Enjoys Water □ Wears life jacket
□ Must wear ear plugs in water □ Deep Water Swimmer
□ Can go off the diving board □ Other _____
Comments:_____

Leisure/Recreation

Please list activities the individual enjoys:_____
_____

Please list activities the individual does **not** enjoy:_____
_____

Goals

Please list goals you would like your child to work on during programs.

_____
_____
_____
_____
_____
_____

Seizure Information (if applicable - please check all that apply)

Pre-warning signs/behaviors – Aura (please explain)_____
_____

Usual Duration _____ seconds _____ minutes

Does 911 or emergency personnel need to be contacted? □ Yes □ No
Please explain:_____
Does Diastat need to be administered? □ Yes □ No
Please explain:_____

When do you wish to be notified? □ Immediately □ At time of pick-up
□ If/when 911 is called

Mental Status
□ Unchanged □ Dreamlike □ Vacant □ Unconscious
Comments:_____

Movement
□ Jerks whole body □ Limp □ Falls down □ Head drop
□ Purposeful Movement □ Rigid □ Jackknives □ Other
Comments:_____

Color
□ Flushed □ Pale □ Bluish/Gray

Eyes
□ Turns Right □ Turns left □ Rolls up □ Pupils change size

Mouth
□ Salivates □ Chews □ Swallows □ Smacks lips
□ Cries □ Talks □ Yells □ Moans
Comments:_____

Breathing
□ Stops for _____ seconds □ Becomes noisy □ Other
Comments:_____

Bowel/Bladder control
□ Urinates □ Defecates

Behavior after the seizure subsides
□ Irritable □ Confused □ Drowsy □ Emotional
□ Deep Sleep □ Normal □ Other
Comments:_____

ADMINISTRATION OF MEDICATION RELEASE

My child _____ will require that medication be given to him/her during the camping day. I hereby give my permission to the Day Camp Staff to administer this medication. I likewise release the staff from any liability related to the administration of the medication to my child so long as the responsibility is discharged according to the following instructions: In order to ensure proper administration of medication we will dispense medications within the ½ hour periods of 9:00am, 12:00pm and/or 2:30pm.

Name of Medication	Amount of dose # of pills, spoonfuls, etc.	Time to be given 9:00am 12:00 2:30pm (choose best time)

The information requested above should be clearly marked on the bottle or box you receive from your drug store or doctor. If this information changes prior to or during camp it is the parents' responsibility to notify camp staff. We will be unable to administer any medication that is not in its original prescription bottle or box. Furthermore we will only administer the medications as directed on the original prescription bottle or box.

Please explain for what condition the medication is given and any special instructions, such as how the medication is given (e.g. with milk, water, applesauce, etc.)

Participant, Parent/Guardian Signature: _____Date:_____

Supervisor's Signature: _____Date: _____

In Person/ Phone Review: _____Date:_____