



LEXINGTON

Parks & Recreation

GENERAL INFORMATION

Our Mission

Build community and enrich life through parks, programs and play.

Our Values

Community

Stewardship

Inclusion

Collaboration

Innovation

About Therapeutic Recreation

Therapeutic Recreation is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being. Further, the Lexington Parks and Recreation Therapeutic Recreation (TR) programs provide a community based treatment service designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.

Registration

Online and in-person registration will open on Tuesday, January 9, 2024 after 12:00pm. Registration for TR program is available electronically and can be completed by going to www.lexingtonky.gov/tr on January 9, 2024 after 12:00pm. Classes will be filled on a first-come, first-served basis on the postmarked date on the registration envelope if completed manually. If you are not able to complete your registration electronically, please complete and return the attached forms to: Therapeutic Recreation, Attention Jill Farmer or Brent Claiborne, Lexington Parks & Recreation, 545 N. Upper Street, 3rd floor, Lexington, KY 40508. **Please do not send any registration fees until you have received an email confirmation from us that you are in the class or program.**

Count Me In! Financial Assistance Applications Beginning January 1, 2024, Lexington Parks & Recreation is rolling out a new price structure for programs, camps, and events, including a more equitable financial assistance program titled "**Count Me In.**" Any paid program, camp, or event will now be eligible for a **50% financial assistance discount for youth and adults in qualifying households.** Any extenuating circumstances that may still present barriers after the discount will be reviewed by staff on a case-by-case basis for additional assistance to ensure that programs and events are equitably accessible to all. To qualify, parents/guardians must complete the form below and provide proof of eligibility. KTAP, medical assistance cards, documentation of foster care, or other proof of government assistance is acceptable as proof of eligibility. Please click on the link below to access the form:

[2015 Income Eligibility Form pg 2 \(lexingtonky.gov\)](#)

Submit your completed financial assistance form to Parks & Recreation, 545 North Upper St., 3rd Floor, Lexington, KY 40508.

Families must apply/reapply for financial assistance every year. Appeals for denial of financial assistance or requests for additional financial assistance should be made in writing to Parks & Recreation, Director, 469 Parkway Dr., Lexington, KY 40504. For questions, contact Phyllis Arnold at [\(859\) 288-2900](tel:8592882900).

PROGRAM CANCELATION/CLOSURES: If Fayette County Schools have announced closures due to inclement weather; TR Programs will be canceled as well. Please refer to our social media sites **Facebook**, <https://www.facebook.com/lexkyparks> or **Instagram** at <https://www.instagram.com/lexkyparks> for the most up to date announcements regarding program cancellations. Please sign up for the Parks and Recreation Newsletter for important announcements and to receive monthly program highlights at <http://lexingtonky.us12.list-manage.com/subscribe?u=7977c78231be32556c15c09f7&id=96ddb86fe>.

We will make every attempt to make up missed classes due to inclement weather, however due to scheduling this may not be possible. Refunds or credits are not given for missed classes or programs canceled due to weather.

PARTICIPANT SUPERVISION: Due to the nature of our Therapeutic Recreation activities and the large number of individuals that participate, we are not able to provide direct one-on-one supervision. The TR staff will be present to facilitate activities and assist individuals as needed in programs such as archery, dances and other large group activities. If one-on-one support is needed, then a parent/guardian/caregiver/support staff should be present during the activity. Those individuals providing one-on-one support will be expected to participate in the specific activities with the individual for which they are providing support. Parents/guardians/caregivers/support staff are responsible for participants before and after scheduled program times. Please do not drop off or leave participants unattended before or after the scheduled program time. Program staff will be available during the scheduled program time only. Please do not arrive more than 10 minutes early for programs, as staff are busy preparing for the programs.

Behavior Management Plans: If a participant in your household is currently working with a Behavior Specialist, please include a copy of their behavior management plan with your registration paperwork. If at any time there is a change or an update to their behavior plan, please inform the TR Staff (Jill Farmer and Brent Claiborne) immediately so we can be prepared to incorporate these changes into our programming. It is our goal to help all participants be successful in their program goals and if this information is not shared in a timely manner, it can be detrimental to our programming.

Illness: In consideration of other participants, their families and staff, participants are asked to refrain from attending programs when the following conditions exist:

- | | |
|---|--|
| Fever, Vomiting or Persistent diarrhea | Symptoms of the mumps, measles, chicken pox, strep throat, Covid, flu, impetigo or any other virus |
| Contagious rash or a rash of unknown origin | Lice or mites present |
| Persistent cough and/or cold symptoms | Fatigue due to illness, which will hinder participation or enjoyment in the program |
| “Pink eye” (conjunctivitis) or discharge from the eye | |
| Runny nose with yellow or green discharge | |

Please notify the TR office at 859-288-2908 or 859-288-2928 if the participant contracts any contagious illness that will affect their attendance at a program. Participants should return to programs at the doctor's recommendation or, if not under a doctor's care, when the symptoms have clearly passed.

Transportation

Transportation to and from the TR programs/events is the responsibility of the participant. Please contact Wheels at 859-233-3433 or other accessible transportation provider to arrange transportation.

For more information about TR Programs, please contact

Jill Farmer, CTRS
Recreation Manager Senior
Office Number: 859-288-2928
Email: jfarmer2@lexingtonky.gov

Brent Claiborne
Recreation Specialist Senior
Office Number: 859-288-2908
Email: bclaiborne@lexingtonky.gov

Thank you for participating in our programs. We realize we have asked for a lot of information so we have provided a checklist below to help you keep track of everything we have requested.

Therapeutic Recreation

2024 Spring Program Checklist *Please return all items to Parks and Recreation to complete registration*

- Completed Participant Information Form**
- Completed Registration Form**
- Emergency Contact Information**
- Current Behavior Plan**
- Current Scholarship Application**
- Scholarship Application Proof of Eligibility paperwork (KTAP, medical assistance cards, documentation of foster care, or other proof of government assistance)**
- Medication List**
- Allergy List**
- Medical Consent Signature**
- Photo Release Signature**
- \$40.00 Kroger Gift Card (if signing up for the Cooking Class)**
- Current Photo of Participant (NEW!)**

Participant's Name: _____

2024 SPRING PROGRAMS/ACTIVITIES (In order of start date)

ADULT FITNESS

Stay healthy and active through a variety of fitness activities free weights and sports.

Dates/Times: Tuesdays/Thursdays, January 18 – May 16, 1pm-3pm **No Class April 18**

Location: Dunbar Community Center, 545 North Upper Street

Ages: 18 & Over

Cost: \$140.00

Tuesdays, - We plan to participate in the Miracle League Baseball Program at Shillito Park. **There will be an additional charge of \$10.00 payable directly to the YMCA.*

ARCHERY

Learn basic and safe archery skills. Equipment provided. *Limited to 12 people*

Dates/Times: Wednesdays, January 24-March 6, 10am-11:15am or 11:30AM-12:45pm

Location: Artworks at the Carver School, 522 Patterson Street, Gymnasium

Ages: 18 & over

Cost: \$80.00

BOWLING

Strikes, turkeys and spares are just part of the fun with the TR bowling league. Ramps are available.

Dates/Times: Saturdays, January 27-March 16, 1pm-3pm

Location: Southland Bowling Lanes, 205 Southland Drive

Ages: 8 years and over

Cost: \$27.00 registration fee PLUS \$8 cash per week or \$64 for the full 8 weeks **paid to Southland Lanes.**

ADAPTED AQUATICS *Limited to 12 participants*

Learn basic water safety skills and work on your swim strokes with this class. One-on-one instruction will be provided for most participants. The YMCA requires that participants wear swim diapers/ plastic pants (snug fitting), if the participant does not possess bowel or bladder control. **Note: Each class will be for a total of 30 minutes so it is very important that you arrive at least 15 minutes before your scheduled swim time to change and enter the water on time. No online registration for this class. Please submit paper registration form ASAP.**

Date/Times: Mondays, January 29-March 25, 2:30pm, 3:00pm or 3:30pm **No Class April 19**

Location: Beaumont YMCA, 3251 Beaumont Centre Circle 40513

Ages: 4 & older

Cost: \$80.00

YOGA

Learn basic yoga skills while increasing flexibility, toning muscles, and improving overall health and wellness. Bring your own bottled water and a towel. Yoga mats will be provided.

Dates/Times: Mondays, February 5-April 1, 10am-11am, **No class February 19**

Location: Artworks at the Carver School, 522 Patterson Street, Gymnasium

Ages: 18 & Over

Cost: \$55.00

Participant's Name: _____

SOCIAL MUSIC GROUP *Limited to 10 people* **CHANGED**

In this music therapy group, participants will engage in social-emotional skills in a structured and motivating environment. This group could include singing, playing instruments, moving to music, playing musical game, and more. The intention of this group will be to practice peer to peer interaction and communication, attention and listening skills, awareness of others, coping with differences, teamwork and leadership, and other goals as they may arise. This group will be led by Music Therapist, Nora Veblen, MM, MT-BC and Team with Wildwood Music Therapy, LLC. All instruments will be provided.

Dates: Thursdays, February 8-April 4, 10am-11am, **No Class April 18**

Location: Artworks at the Carver School, 522 Patterson Street, 2nd Floor, Room 206

Ages: 18 & Over

Cost: \$60.00

MUSIC CLASS-TR ROCK BAND *Limited to 15 people*

Here is your chance to be part of a fun music group. Participants will learn to play different electric and acoustic instruments found in popular music from across the decades. We will perform at the end of the spring season in a recital for friends and family. Class led by Music Therapist, Nora Veblen, MM, MT-BC and Team with Wildwood Music Therapy, LLC. All instruments will be provided.

Dates/Times: Thursdays, February 15-May 16, 11am-12pm **No Class April 18**

Location: Artworks at the Carver School, 522 Patterson Street, 2nd Floor, Room 206

Performance Date: May 16 11am at Artworks at the Carver School

Ages: 18 & Over

Cost: \$60.00

Music Class-You Can Uke!! *Limited to 15 people* **CHANGED**

Learn to play the Ukulele as a group with you friends. We will perform at the end of the spring season in a recital for friends and family. Join us for a fun music filled class led by Music Therapist, Nora Veblen, MM, MT-BC and Team with Wildwood Music Therapy, LLC. Ukuleles will be provided.

Dates/Times: Fridays, February 16-May 17, 1:30pm-2:30pm

Location: Artworks at the Carver School, 522 Patterson Street, 2nd Floor, Room 206

Performance Date: May 17, 1:30pm at Artworks at the Carver School

Ages: 18 & Over

Cost: \$60.00

COOKING FOR FUN CLASS *Limited to 12 people*

Learn to create delicious meals from healthy recipes. Participants learn to follow recipes and cooking safety skills while cooking with their peers.

Dates/Times: Wednesdays, February 28-April 3, 6pm-7:30pm

Location: Lexington Senior Center, 195 Life Lane

Ages: 13 & Over

Cost: \$30, plus \$40 Kroger gift card mailed in with registration form.

Participant's Name: _____

TR DANCE GROUP

Show off your dance moves and learn some new techniques. The class will also include a dance recital for friends and family to attend at the Lexington Opera House where they will get to see all the fun and hard work put into the class.

Dates/Times: Thursdays, March 21-May 9, 6pm-7pm

Dance Rehearsal: Week of May 6-10, Day and Time TBA

Dance Recital: Saturday, May 11, Time TBA

Location: Artworks at the Carver School, 522 Patterson Street, 2nd Floor

Ages: 18 & Over

Cost: \$70.00 plus \$50.00 costume fee

TR NATURE EXPLORERS PROGRAM

Fun and educational learning experience with staff and volunteers within Lexington Parks Natural Areas. This program will include activities that help individuals learn about and interact with different natural areas. There will be 6 different sessions during this program.

Dates/Times: Fridays, April 5-May 10, 10am -12pm

Locations: TBA after registration

Ages: 18 & over

Cost: \$45.00

MIRACLE LEAGUE BASEBALL

Game Dates and Times: TBA Tuesdays, (typically 5 weeks April to May)

Location: Shillito Park– Miracle League Baseball Field

Ages: 18 & over

Cost: \$10 made payable to the YMCA, if you are a new player, please let Brent know

THERAPEUTIC HORSEMANSHIP **CHANGED**

Staff and volunteers work one-on-one with participants to ensure a safe and fun horseback riding experience. There will be a limit of 4 students per class. **Participants may not weigh more than 220 pounds.** A physician's exam may be required in some cases. Participants are REQUIRED to provide their own ASTM-SEI riding helmets. **No online registration for this class. Please submit paper registration form ASAP.**

Dates/Times: Mondays and Wednesdays, April 8-May 15, 2pm-3pm and 3pm-4pm

Location: Masterson Station Park Tack Barn, 3415 Shamrock Ln

Ages: 13 & Over

Cost: \$175.00 for a six-week session. **No make-up classes will be available.**

Session 01 Monday 2:00-3:00 *NEW Students who have never participated in our program before (if not full we can put returning students in there)*

Session 02 Monday 3:00-4:00 Returning Riders

Session 03 Wednesday 2:00-3:00 Returning Riders

Session 04 Wednesday 3:00-4:00 Returning Riders

LATE POLICY - The program will start at the scheduled time. If you are going to be up to five minutes late for Horsemanship, you must give us a call at 859-509-4748 or 859-310-5216 to let us know. If you are going to be more than five minutes, late your session for the day will be cancelled with no refund.

Participant's Name: _____

SPECIAL EVENTS AND DAY TRIPS

SOCIAL ARTWORKING UPDATED

Join us for some creative art classes using handpicked artwork designs.

Dates/Times: Saturday, **February 10***, March 9, April 13, 10:00am-11:30am

Location: **February 10 date will be at Tates Creek Ballroom, 1400 Gainesway Drive**

March 9 and April 13 will be at Artworks at the Carver School, 522 Patterson Street, Cafeteria

Ages: 12 & Over

Cost: \$6.00 each session or \$24 for all 4 sessions

SNOW TUBING AT PERFECT NORTH SLOPES *Limited to 20 people*

Join us for a fun day on the snow tube slopes at Perfect North. Climb to the top of the hill with your inner tube and slide into a fun day.

Date: Tuesday, January 16

Time: 9:30am to 4:30pm-*Drop off and pick at Dunbar Community Center, 545 N Upper Street (40508)*

Location: Perfect North Slopes, 19074 Perfect Pl Lane, Lawrenceburg, IN 47025

Ages: 18 & Over

Cost: \$40.00 per person for 2 hours of snow tubing and a pizza lunch. **Please bring your lunch if you do not want pizza or plan to bring a credit or debit card for Perfect North's Café. Perfect North does not accept cash in their cafes.**

GUYS NIGHT OUT

Spend the evening with your friends attending different community events around Lexington.

Dates/Times: February 9. March 22 and May 17

Location: Various-list to be shared after registration

Ages: 15 & Over

Cost: TBA depending on activity

LADIES NIGHT OUT

Spend the evening with your friends attending different community events around Lexington.

Dates/Times: February 9. March 22 and May 17

Location: Various- list to be shared after registration

Ages: 15 & Over

Cost: TBA depending on activity

VALENTINE DANCE

Enjoy a fun dance with all your favorite VALENTINES.

Dates/Times: February 17, 6pm-8pm

Location: Tates Creek Ballroom

Ages: 13 & Over

Cost: \$15.00

Participant's Name: _____

2024 SOLAR ECLIPSE PARTY NEW

Join us for an unforgettable celestial celebration! Witness the magic of the 2024 solar eclipse with friends and family at our eclipse party. Don't miss this rare opportunity to experience the awe-inspiring beauty of the sun's dance with the moon. Refreshments and protective glasses will be provided.

Date: Monday, April 8

Time: 12:00pm-2:00pm

Location: TBA

Ages: 13 & Over

Cost: Free

KEENELAND SPRING MEET Limited to 20 people

Spend the day with friends at the beautiful Keeneland Race Track.

Date: Thursday, April 18

Time: 10am-4:00pm-Drop off and pick at Dunbar Community Center, 545 N Upper Street (40508)

Location: Keeneland Race Track, 4201 Versailles Rd, Lexington, KY 40510

Ages: 18 & Over

Cost: TBA. Bring money for food, drinks and misc.

SPRING PROGRAM BANQUET AND DANCE

Fun-filled time to celebrate all that our participants have accomplished during the spring programming. Come out to see who scored the most bowling strikes, who hit the most bullseyes in archery or who had perfect attendance at the spring programs. Dinner will be provided with dancing to follow.

Date: Saturday, May 18

Time: 5-6pm Dinner

6-7pm Program Recognition Awards

7pm-9pm Dance

Location: Tates Creek Recreation Center, 1400 Gainesway Drive

Ages: 8 and Over

Cost: \$25.00 Dinner and Dance, \$15.00 Dance ONLY, Parents/Caregivers/Support Staff \$15.00 each for Dinner

FREE VIRTUAL/ZOOM PROGRAMMING

We are happy to continue to provide select programs through a virtual format using Zoom. Please use the meeting and pass codes provided below to connect with us. A specific calendar will be emailed to you each month with the days and times for each program. **Please make sure we have you current email address to send you the Zoom calendar.** *If you do not have an email address, you may pick up a monthly calendar at the Dunbar Community Center, 3rd Floor.* *Please Note: Days and times of the virtual programs are subject to change for in-person programming.*

Zoom Meeting Code: 792 754 5495 Zoom Passcode: TRzoom

Story Time

Join us as we continue to explore the various books and the adventures they provide.

Bingo

Bingo is a fun and interactive Zoom program featuring a different theme each week. Certificates provided to game winners.

Lexington Parks and Recreation
Spring 2024
Therapeutic Recreation Programs
Participant Information Form

Please fill out the following information completely. **(PLEASE PRINT)**

Participant's Name (Legal Last) _____ (Legal First) _____ (Preferred) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Primary Phone Number _____ Email _____

Gender _____ Age _____ Birthdate _____ Ethnicity _____

Diagnosis/Disability: _____

Participant Staffing Ratio (check one) _____ 1:1 _____ 1:2 _____ 1:3 _____ 1:4 _____ Independent

PARENT/GUARDIAN INFORMATION

Parent/Guardian Primary (Legal Last) _____ (Legal First) _____ (Guardian Type) _____

Address (if different than above) _____ City _____ State _____ Zip _____

Primary Contact Method _____ Home _____ Cell _____ Work _____ Email _____

Home Number _____ Cell Number _____ Work Number _____

Parent/Guardian Secondary (Legal Last) _____ (Legal First) _____ (Guardian Type) _____

Address (if different than above) _____ City _____ State _____ Zip _____

Primary Contact Method _____ Home _____ Cell _____ Work _____ Email _____

Home Number _____ Cell Number _____ Work Number _____

EMERGENCY CONTACT INFORMATION:

NAME OF AUTHORIZED INDIVIDUALS FOR PICKUP

PRIMARY PHONE NUMBER(S)

PARTICIPANT INFORMATION

What are the participant's preferred activities? _____

What activities does the participant not prefer? How does participant react? What is the most effective way for staff/caregivers to respond? _____

Participant's Name: _____

What are effective transition techniques for the participant (timers, countdowns)? _____

SENSORY: What kind of sensory experience does the participant **seek or avoid**-sound, touch, visual, taste, smell, movement?

Seeks (please list): _____

Avoids (please list): _____

COMMUNICATION:

Is English the participant's primary language? Yes No If no, please list primary language: _____

How does participant communicate? Verbal Sign language Picture board Tablet /IPad

Other Communication Device or Ability (Please list): _____

Is participant capable of giving staff instruction regarding food requests, personal care information, etc.? Yes No

If no, please give describe how participant will communicate this information: _____

ASSISTIVE DEVICES (check all that apply) Wheelchair (see below) Braces Walker Canes Glasses Hearing Aids

Augmentative Communication Device Other: _____

Wheelchair Type Manual Power Scooter If using a wheelchair, is participant capable of transferring on their own? Yes No **IF NO, HOW DOES PARTICIPANT TRANSFER:** (check all that apply) Independent (No assist needed) Stand-by of supervision (May have potential for loss of balance) Transfer with one person (Minimal assist) Participant can bear weight (Transfer with one person) Maximum assist (Participant cannot bear weight) Transfer with two people needed

Equipment needed for transfer _____

Special instructions regarding transfers and how much time participant should be out of the wheelchair? _____

Does Participant wear braces (AFOS, SMOS, etc.?) Describe how/when to put on/take off: _____

Can participant walk independently or do they need assistance? Please describe assistance needed: _____

BEHAVIOR (PLEASE PROVIDE A COPY OF THE PARTICIPANT'S BEHAVIOR MANAGEMENT PLAN):

Will wander or leave group Will ask for assistance when needed Has behavior plan (please include with this application) Will take others belongings or food Easily distracted/difficulty focusing Runs away/flight risk Recognizes Danger Unable to communicate needs Anxiety when separated from family Has specific triggers (list below) Has specific fears/concerns (list below) Exhibits self-injurious behaviors (list below) Physically/verbally aggressive (explain below) Other (list below)

Additional information regarding behavior: _____

SWIMMING EXPERIENCE: Has basic swimming skills (can go under, get face wet, float on back, etc.)

Limited/no swimming skills (not comfortable in water, avoids getting face and head wet, does not go under water).

Additional Swimming Information: _____

Participant's Name: _____

MEDICATION INFORMATION

NAME OF MEDICATION _____

DESCRIPTION _____

DOSAGE _____

TIME GIVEN _____

REFRIGERATION NEEDED _____ YES _____ NO

DISPENSING INSTRUCTIONS _____

SIDE EFFECTS _____

NAME OF MEDICATION _____

DESCRIPTION _____

DOSAGE _____

TIME GIVEN _____

REFRIGERATION NEEDED _____ YES _____ NO

DISPENSING INSTRUCTIONS _____

SIDE EFFECTS _____

NAME OF MEDICATION _____

DESCRIPTION _____

DOSAGE _____

TIME GIVEN _____

REFRIGERATION NEEDED _____ YES _____ NO

DISPENSING INSTRUCTIONS _____

SIDE EFFECTS _____

ALLERGIES: (Please list below any intolerance and reaction based allergies-please be specific): _____

ADDITIONAL INFORMATION NOT COVERED ABOVE: _____

Participant's Name: _____

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 seven 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: _____

SAVE THE DATE

SUMMER CAMP REGISTRATION OPENS
WEDNESDAY, FEBRUARY 21ST

Camp Dates

June 10-14

June 17-21 *No Camp June 19*

June 24-28

July 1-5 *No Camp July 4*

July 8-12

July 15-19

Camp Castlewood

Ages 5-11 years

Camp Woodland

Ages 12-19

Daytrippers

Ages 20 and older

2024 SPRING PROGRAMS/ACTIVITIES REGISTRATION FORM Please check the programs you are interested in joining

Participant's Name: _____

_____ **ADULT FITNESS**

_____ **ARCHERY** *Limited to 12 participants per session. List 1st and 2nd choice*

_____ **10:00 am**

_____ **11:30am**

_____ **BOWLING**

_____ **ADAPTED AQUATICS** *Limited to 12 participants, List 1st, 2nd and 3rd choices*

_____ **2:00pm**

_____ **2:30pm**

_____ **3:00pm**

_____ **YOGA**

_____ **COOKING FOR FUN CLASS** *Limited to 12 people*

_____ **SOCIAL MUSIC GROUP** *Limited to 10 people*

_____ **MUSIC CLASS-TR ROCK BAND** *Limited to 15 people*

_____ **TR DANCE GROUP**

_____ **TR NATURE EXPLORERS PROGRAM**

_____ **MUSIC CLASS-YOU CAN UKE!!** *Limited to 15 people*

_____ **MIRACLE LEAGUE BASEBALL**

_____ **THERAPEUTIC HORSEMANSHIP** *Limited to 16 participants*

_____ **Monday, 2-pm**

_____ **Monday, 3pm**

_____ **Wednesday, 2pm**

_____ **Wednesday, 3pm**

_____ **SNOW TUBING AT PERFECT NORTH SLOPES** *Limited to 20 people*

_____ **GUY'S NIGHT OUT**

_____ **LADIES NIGHT OUT**

_____ **VALENTINE DANCE**

_____ **2024 SOLAR ECLIPSE PARTY**

_____ **KEENELAND SPRING MEET** *Limited to 20 people*

_____ **SPRING PROGRAM BANQUET**

_____ **Dance ONLY**

FREE VIRTUAL/ZOOM PROGRAMMING-Email Address _____

_____ **Story Time**

_____ **Bingo**