

REGISTRATION FORM FOR ACCESSIBLE RECREATION PROGRAMS for any adult, 18 or over, with a disability.

Registrations must be received by dates specified on the flyer!

Contact our office if you need assistance completing registration form.

Please make checks payable to: **Springfield-Greene County Park Board**

Include Driver License Number & Place of Employment.

If you must cancel, please submit a letter at least five business days before the program starts.

(There is a \$20 fee for all returned checks.)

Choose from these options: a) Transfer to another program b) Request a refund, less a \$10 processing fee.
Refunds, if approved, take 2-3 weeks.

Please complete this form *front and back* and return with payment to:

ACCESSIBLE RECREATION PROGRAMS
301 East Talmage Springfield, MO 65803

Participant's Name: _____		Birth Date: _____	
Address _____		City _____ Zip: _____	
Email Address: _____		Phone _____ Shirt Size _____	
Participant's Disability: _____			
Special Accommodation: _____			

If participant is under Guardianship, please indicate:			
Name of Guardian _____		Phone: _____ Cell: _____	
Type of Guardianship (ie, Medical, Full, etc.): _____			

Name of person to notify in emergency:			
1. _____		Relation: _____ Phone: _____ Cell: _____	
2. _____		Relation: _____ Phone: _____ Cell: _____	

PROGRAM REGISTRATION INFORMATION				
Name of Program	Session Time/Date	Class Fee	Transportation Fee <small>*Complete Transportation Section</small>	Total Fee
TOTAL ENCLOSED				

TRANSPORTATION

Do you need transportation*? Yes _____ No _____

If yes, please specify pick up and/or drop off locations: (addresses/directions)

* _____
(pick up location)

* _____
(drop-off location)

If you need transportation, do you need a lift-equipped bus? Yes _____ No _____

I will be picked up from the program by: _____
(Name and Phone Number)

MEDIA RELEASE

I hereby grant permission to record the participants likeness and/or voice for use by television, films, radio, or printed media to further the aim of the Accessible Recreation program in related campaigns and magazine articles, booklets, posters, and in other ways they may see fit.

Signature of Parent/Guardian

Date

EMERGENCY CLAUSE

In the event I cannot be reached in an emergency, I hereby give my permission to employees of the Accessible Recreation Program to secure proper medical care for my participant as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.

Signature of Parent/Guardian

Date

RELEASE CLAUSE

My family and I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of the Springfield-Greene County Park Board activities.

Signature of Parent/Guardian

Date

**THE EMPLOYEES OF THE SPRINGFIELD-GREENE COUNTY PARK BOARD
ARE NOT RESPONSIBLE FOR MEDICATIONS TAKEN DURING CLASS TIME.
IF YOU HAVE ANY QUESTIONS, CALL CYRUS AT 837-5808.**

OFFICE USE: Payment: Check: Cash: CC: Date Received: By: