

**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.*

**SPRING 2016 PROGRAM SCHEDULE**  
**Registration begins Monday January 4, 2016**

<input type="checkbox"/> <b>Horsemanship (\$125) – 415061</b> Masterson Station Park Equestrian Wednesdays; Fridays, April 6 – May 27 <input type="checkbox"/> 3:30 – 4:30 pm (01) (Wednesday) <input type="checkbox"/> 4:45 -- 5:45 pm (02) (Wednesday) <input type="checkbox"/> 2:00 – 3:00 pm (03) (Friday) <input type="checkbox"/> 3:15 – 4:15 pm (04) (Friday)	<input type="checkbox"/> <b>Aquatics (\$50) – 415021</b> Beaumont YMCA Mondays, March 14 – May 9 <input type="checkbox"/> 2:50 – 3:20 pm (01) <input type="checkbox"/> 3:25 – 3:55 pm (02) Warm water pool <input type="checkbox"/> 4:00 – 4:30 pm (03)
<input type="checkbox"/> <b>Adult Fitness (\$75) – 415041-01</b> Dunbar Community Center Tuesdays/Thursdays, Jan. 19 – May 5 12:30 – 2:30 pm	<input type="checkbox"/> <b>Cooking Class (\$30) (\$40 CASH for groceries) - 415051</b> Distribution Center 1306 Versailles Rd. Wednesdays; Feb. 17 – March 23 <input type="checkbox"/> 3 – 4:30 pm (02) <input type="checkbox"/> 5 – 6:30 pm (03)
<input type="checkbox"/> <b>Bowling (\$5 pay at the door) – 415031-01</b> Southland Bowling Lanes Saturdays, March 5 – April 23 1:00 – 3:00 pm <b>Bowling Banquet</b> April 30	<input type="checkbox"/> <b>Everybody Dance (\$50) – 528359-E1</b> Bell House Thursdays, Jan. 28– April 28 (no class March 17 & 31) 6:00 - 7:00 pm RECITAL—May 7
<input type="checkbox"/> <b>Archery – (\$50) – 415025-01</b> Dunbar Center Gymnasium Wednesdays; Jan. 20 – March 9 10:00 – 11:30am	<input type="checkbox"/> <b>Spring Dance – 415071-02</b> Bell House Saturday, April 9 6-9 pm \$8 <b>pay at the door</b>
<input type="checkbox"/> <b>Zumba (\$40) – 415051-01 (new program)</b> Dunbar Center Gymnasium Wednesdays, March 23 – April 27 10:30-11:30 am	<input type="checkbox"/> <b>Day trips 1/22, 2/19, 3/18 &amp; 4/14</b>  <b>RSVP</b> for <u>Spring Dance</u> and any <u>trips</u> by calling (859) 288-2908 or emailing <a href="mailto:bclaiborne@lexingtonky.gov">bclaiborne@lexingtonky.gov</a>
<b>EVERYDAY CHAMPIONS 2016</b>	<b>Note: please complete the Medical Consent and Waiver Agreement on the back of this form</b>

## 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: \_\_\_\_\_