

# Rockdale County Parks and Recreation Department Therapeutic Recreation Registration Form

Mail: PO Box 224, Conyers, GA 30012 Phone: 770 785 5922 fax: 770 785 6884  
In person: Johnson Park, 1781 Ebenezer Road, Conyers, GA. 30094

Program Information Contact: Tom McPike 770 918 6306, e-mail: tom.mcpike@rockdalecounty.org

## General Information:

Date \_\_\_\_\_

Participant's Name \_\_\_\_\_ male/female (*circle one*)

Address \_\_\_\_\_ DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Name of Insured \_\_\_\_\_

## Programs to Register :

1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

3 \_\_\_\_\_ 6 \_\_\_\_\_

Payment: Fee \$ \_\_\_\_\_ Ck# \_\_\_\_\_ Receipt# \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Make Checks Payable to: Rockdale County Parks and Recreation\*\*\*

Credit Card Payment: Visa MasterCard American Express (*circle one*)

Card Number \_\_\_\_\_ Exp.date \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

Street zip

## Medical Background Information Circle all that applies:

Intellectual Disability	Down Syndrome	Learning Disability
Behavior Disorder	Mobility Limitation	Blind/Visual Impairment
Communication Disorder	Brain Injury	Autism
Emotional Disability	Seizure Disorder	Deaf/Hard of Hearing
Asthma	Spinal Injury/Fusion	No Disability

Wheelchair manual/electric	Nonverbal	Sign Language
Close Supervision	Cane/Walker	Tactile averse
First Language _____	Atantoaxial Subluxation	Other _____

List Medications: \_\_\_\_\_

List Allergies: \_\_\_\_\_

List Dietary Restrictions: \_\_\_\_\_

List Pacemaker or Inhaler Type: \_\_\_\_\_

List Assistive Devices Used: \_\_\_\_\_

List any special assistance or needs: \_\_\_\_\_

Other pertinent medical information \_\_\_\_\_

Comments/Other Information: \_\_\_\_\_

Picture ID is required to release a child. Your program tuition must be paid in advance for your child to attend. RCPR retains the right to dismiss a patron due to non-payment of tuition or for behavior reasons.

**Refund Policy:**

Refunds, less 25% for administrative costs, must be requested in writing prior to the beginning of a class. Refunds, less 25%, requested in writing after a class has begun must be accompanied by a doctor's statement of the participant's incapacitating illness or injury.

**Travel & Photo Waiver/Release Form:**

I, \_\_\_\_\_, hereby grant permission for my child \_\_\_\_\_ to participate in Rockdale County Parks & Recreation programs. I hereby, for myself, my child, my heirs, executors, administrators, waive and release all rights and claims for damages my child may have against the Rockdale Parks & Recreation Department, its representatives, successors, and assigns for any and all injuries suffered by my child riding in a county or rented vehicle for Rockdale County Parks and Recreation Department programs. Furthermore, I hereby, for myself, my child, my heirs, executors, administrators, grant permission for (my child) to appear in still or motion pictures using (my child's) name for educational, promotional or other proper purposes only

**Waiver:** I, the above named, or legal guardian of the above named child, hereby agree to save and hold harmless Rockdale County, members of the Board of Commissioners, and all employees of Rockdale County, including all individual who are affiliated with the programs administered by the Parks and Recreation Department of Rockdale County, as coaches or otherwise, as the result of personal or bodily injury or damages to me, my child or my ward caused by negligence or other acts of any of the above named individual or entities while participating in any activities administered by the Parks and Recreation Department of Rockdale County, while coming to and going to those activities, and further release and agree to fully indemnify them from liability in the event that damages are awarded against any of the above arising out of injuries to me or my child or my ward. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from those activities.

I understand that health or accidental insurance, which would cover my child's medical, hospital or related expenses in the event of injury in this activity, is my responsibility. I acknowledge that the Parks and Recreation Department of Rockdale County strongly recommends that if I do not have sufficient insurance to cover such incidents that I take the necessary action to obtain it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

