

"Creating and Enriching Community through People, Programs and Partnerships"

**Participant Information**

Participant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Current Age: \_\_\_\_\_ Sex:  Male  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Annual Membership Fee: \$20.00 Torrance Residents | \$25.00 Non-Residents**

**Medical Information**

Please answer completely and check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Visual Impairment               |
| <input type="checkbox"/> Autism               | <input type="checkbox"/> Behavioral/Emotional Disability |
| <input type="checkbox"/> ADD or ADHD          | <input type="checkbox"/> Cerebral Palsy                  |
| <input type="checkbox"/> Heart Condition      | <input type="checkbox"/> Hard of Hearing/Deaf            |
| <input type="checkbox"/> Epilepsy/Seizures    | <input type="checkbox"/> Learning Disabilities           |
| <input type="checkbox"/> Spinal Bifida        | <input type="checkbox"/> Intellectual Disabilities       |
| <input type="checkbox"/> Down Syndrome        | <input type="checkbox"/> Other                           |

If you checked Other, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the participant on medication?  No  Yes \_\_\_\_\_

Will the participant need to take medication during the hours of supervision by City of Torrance Staff?  No  Yes

*Please note that Recreation Staff will not hold on to medications nor administer medicine to a participant.*

**Parent / Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Emergency Contact (other than parent/guardian)**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

*continued on the back*

**Adaptive Recreation and Sports Registration Form**

*"Creating and Enriching Community through People, Programs and Partnerships"*

**Participant Waiver and Release**

I, the undersigned participant, parent or guardian, do agree to allow the named individual to participate in the Special Needs Program, including all trips and excursions and transportation to and from excursions. Additionally, I, the undersigned, fully understand that my or my child's participation in the city activity(ies), ("program") exposes me and/or my child to the risk of property damage, personal injury or death. I acknowledge my or my child's voluntary participation in this program and agree to assume any such risks. I release, discharge and agree not to sue the City of Torrance ("City"), its officers, employees and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the program from whatever cause, including the active or passive negligence of the city, its officers, employees and agents or any other participants in the program. I understand that this document is not intended to release any party from any act or omission of "gross negligence," as that phrase is used in applicable case law and statutory provisions. In consideration for being granted permission to participate in the program, I agree, for myself, my child (if applicable), my/our heirs, administrators, executors and assigns that I will indemnify and hold harmless the City, its officers, employees and agents from any and all claims, demands, actions or suits arising out of or in connection with participation in the program. I give my permission to the City to obtain at my expense any emergency medical treatment deemed necessary in the City's sole discretion in case of sickness, accident or injury. I also understand that from time to time City representatives may photograph and videotape City recreation programs and participants. By signing this form, I authorize the City to use or publish any images taken by the City showing my or my child's participation. I have carefully read this consent, medical waiver, release, hold harmless and agreement not to sue and fully understand its contents. I am aware that this is a full release of all liability.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_