



Special Needs Program Registration Form

"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 Number: _____/email: _____

Medical Information

Please check items that apply, past, or present regarding the participant's health history:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Asberger's Syndrome | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Intellectual Disabilities |
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Behavioral/Emotional Disability | <input type="checkbox"/> Spinal Bifida |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Orthopedic Handicap |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hard of Hearing/Deaf | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heat Stroke/Exhaustion | <input type="checkbox"/> Other |

Please give detailed information for anything checked or list other medical issues or disabling conditions (use additional pages if necessary):

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 to Participant: _____

Main Phone Number: _____ Cell Phone Number: _____

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: _____