



We create opportunities for healthy, happy living!

Participant Registration Form

(Required for all participants)

Palm Beach County Parks and Recreation Department

Therapeutic Recreation/VSA Florida-PBC

2728 Lake Worth Road, Lake Worth, Florida 33461

(561) 966-7015 Administration ~ (561) 966-7088 Gym ~ (561) 966-7080 Pool

www.pbcparcs.com

(PLEASE PRINT ALL INFORMATION)

PROGRAM(S): _____ DATE: _____

Participant's NAME: _____
Last First Middle

ADDRESS: _____
Apt# City State Zip

Participant PHONE(S): Home: _____ Cell: _____ PARTICIPANT Shirt Size: _____

EMAIL ADDRESS: _____

SEX: Female Male AGE: _____ DATE OF BIRTH: _____

Primary DISABILITY: _____ Other DISABILITIES: _____

EMERGENCY CONTACT: (Please Give Two Choices)

Name (Primary Guardian)	Relationship	Phone: Home	Cell	Other

Name	Relationship	Phone: Home	Cell	Other

PHOTO RELEASE AUTHORIZATION:

No Yes Permission is hereby granted for participant to appear in still or motion pictures using participants' name for educational, promotional, or other purposes only.

AUTHORIZATION FOR TRANSPORTATION:

No Yes Permission is hereby granted for participant to be transported by a bus or van to an approved field trip location.

MEDICAL TRANSPORTATION/RELEASE AND INDEMNIFICATION STATEMENT:

In consideration for myself or my child to participate in the above program(s), I, the participant, parent or legal guardian of participant agree to protect, defend, reimburse, indemnify and hold VSA Florida – Palm Beach County and Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my or my child's participation in this program. I hereby assume the risk of participation in this program and in consideration for myself or my child's participation in the program, I agree to hold VSA Florida – Palm Beach County and Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, due to their acts, errors or omissions resulting in bodily injury, including death, or damage to my or my child's property incident to or in connection with my or my child's participation in this program or with my or my child's transportation to a field trip and for medical treatment. I, participant, parent or legal guardian of participant, authorizes the transportation of participant for medical treatment. I further understand that I shall be responsible for any and all costs associated with the transportation of myself or my child for medical treatment. Permission is hereby granted for myself or my child to participate in VSA Florida – Palm Beach County and Palm Beach County Parks and Recreation Department programs including community outings, and authorization is hereby given for emergency medical care of said participant.

I have read the above and understand it and hereby agree that I will not hold VSA Florida – Palm Beach County and Palm Beach County liable for any injuries that may occur as a result of participation in the recreation activities provided by VSA Florida – Palm Beach County and Palm Beach County.

SIGNATURE Mandatory (PARENT/GUARDIAN if under 18)

DATE

AUTHORIZATION FOR RELEASE: I give permission for my child to be released to the following person for transportation home from a program sponsored by VSA Florida – Palm Beach County and Palm Beach County Parks & Recreation Department.

 Name Relationship Name Relationship

MEDICATIONS:

NAME	DOSAGE	TIMES	PURPOSE	SIDE EFFECTS

Participant Information			
Participant is fully ambulatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant is understandable when speaking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant walks at a slow pace	<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant tends to wander off	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant uses a wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant acts aggressively	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant is visually impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant acts shy/withdrawn	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant is hearing impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant follows a special diet	<input type="checkbox"/> Yes <input type="checkbox"/> No

Participant has Seizures Yes No If yes, then Type of Seizures: _____
 Frequency: _____ Date of last Seizure: _____

Participant has Allergies Yes No If yes, List allergies and reactions: _____

Participant has food restrictions/special diet (please explain):

Describe impairments/modifications from checklist: _____

Other information you feel we should know: _____

Accepted payment types: Visa, MasterCard, Discover, Cash, Check

Paying by Check? Make check(s) payable to: *(separate payments required for PBC-BOCC & VSAF-PBC)*

Palm Beach County Board of County Commissioners (PBC-BOCC):

- ◇ Community Programs
- ◇ Aquatic Programs
- ◇ Pool Admissions

VSAF-PBC

- ◇ VSA Programs (Visual & Performing Arts)