Participant Registration Form
(Required for all participants)

Palm Beach County Parks and Recreation Department
Therapeutic Recreation/Arts4All Florida-Palm Beach County
2728 Lake Worth Road, Lake Worth, Florida 33461
(561) 966-7015 Administration ~ (561) 966-7088 Gymnasium
www.pbcparks.com

*Cancellation/Refund Policy: For a program refund, provide cancellation requests 3 business days prior to program start date. Refunds will not be issued after a program has begun. Refunds will automatically be issued if a program is cancelled.

(PLEASE PRINT ALL INFORMATION)

PARTICIPANT’S NAME: ________________________________

ADDRESS: ___________________________________________

PARTICIPANT’S PHONE(S): Home: __________________ Cell: ____________ PARTICIPANT’S 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

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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 Arts4All 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 Arts4All 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 Arts4All 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 Arts4All 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 Arts4All Florida-Palm Beach County and Palm Beach County.

SIGNATURE MANDATORY (PARENT/GUARDIAN if under 18) ______________ DATE ______________

PRINT NAME (Parent/Guardian if under 18)

The information provided in this document is a public record and is subject to disclosure in accordance with Florida Statute, Chapter 119.
AUTHORIZATION FOR RELEASE: I give permission for my child to be released to the following person for transportation home from a program sponsored by Arts4All Florida-Palm Beach County and Palm Beach County Parks & Recreation Department.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Name</th>
<th>Relationship</th>
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**Medications**

<table>
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<tr>
<th>NAME</th>
<th>DOSAGE</th>
<th>TIMES</th>
<th>PURPOSE</th>
<th>SIDE EFFECTS</th>
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**Participant Information**

- Participant is fully ambulatory
- Participant walks at a slow pace
- Participant uses a wheelchair
- Participant is visually impaired
- Participant is hearing impaired

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<tr>
<th>Participant is understandable when speaking</th>
<th>Yes</th>
<th>No</th>
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<td>Participant tends to wander off</td>
<td>Yes</td>
<td>No</td>
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<td>Participant acts aggressively</td>
<td>Yes</td>
<td>No</td>
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<td>Participant acts shy/withdrawn</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Participant follows a special diet</td>
<td>Yes</td>
<td>No</td>
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- 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 & A4A FL-PBC)*

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

- Arts4All Florida-Palm Beach County (A4A FL-PBC):
  - Arts4All Florida-Palm Beach County Programs (Visual & Performing Arts)