REGISTRATION FORM FOR ACCESSIBLE RECREATION PROGRAMS
for **any individual 5 or over, with a disability.**

Registrations must be received by dates specified on the flyer!

Contact our office if you need assistance completing registration form.

Please make checks payable to: **Springfield-Greene County Park Board**

Include Driver License Number & Place of Employment.

If you must cancel, please submit a letter at least five business days before the program starts.

(There is a $20 fee for all returned checks.)

Choose from these options: a) Transfer to another program b) Request a refund, less a $10 processing fee.
Refunds, if approved, take 2-3 weeks.

Please complete this form *front and back* and return with payment to:

ACCESSIBLE RECREATION PROGRAMS
301 East Talmage Springfield, MO 65803

Participant's Name:_____ Birth Date:_____

Address_____ City_____ Zip: _____

Email Address:_____ Phone_____ _____ Shirt Size_____

Participant's Disability:_____

Special Accommodation:_____

If participant is under Guardianship, please indicate:

Name of Guardian _____ Phone:_____ Cell:_____

Type of Guardianship (ie, Medical, Full, etc:): _____

Name of person to notify in emergency:

1._____ Relation:_____ Phone:_____ Cell:_____

2._____ Relation:_____ Phone:_____ Cell:_____

Name of Program	Session Time/Date	Class Fee

The PARK
SPRINGFIELD-GREENE COUNTY PARK BOARD

MEDIA RELEASE

I hereby grant permission to record the participants likeness and/or voice for use by television, films, radio, or printed media to further the aim of the Accessible Recreation program in related campaigns and magazine articles, booklets, posters, and in other ways they may see fit.

_____ _____
Signature of Parent/Guardian Date

EMERGENCY CLAUSE

In the event I cannot be reached in an emergency, I hereby give my permission to employees of the Accessible Recreation Program to secure proper medical care for my participant as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.

_____ _____
Signature of Parent/Guardian Date

RELEASE CLAUSE

My family and I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of the Springfield-Greene County Park Board activities.

_____ _____
Signature of Parent/Guardian Date

THE EMPLOYEES OF THE SPRINGFIELD-GREENE COUNTY PARK BOARD ARE NOT RESPONSIBLE FOR MEDICATIONS TAKEN DURING CLASS TIME. IF YOU HAVE ANY QUESTIONS, CALL CYRUS AT 837-5808.

OFFICE USE:	Payment:	Check:	Cash:	CC:	Date Received:	By: