



County of Sacramento
 Department of Regional Parks
Therapeutic Recreation Services
 5325 Engle Rd. #810, Carmichael, CA 95608
 916.484.2044 ♦ FAX 916.484.2041 ♦ TRS@SacCounty.net
 TTY through CRS 800-735-2929



Participant Enrollment Form (Required for all participants)

Please type or print legibly

(Complete both sides of form as accurately and thoroughly as possible)

Name _____

 Last First Middle Nickname

Birthdate _____ Age _____ [] Male [] Female Phone Number _____

Address _____ / _____

 Apt. # City ZIP FAX

Email _____ Mobile # _____

Additional address to have flyers sent: _____

 Apt. # City ZIP

Participant lives: [] with Mother [] with Father [] on own [] both parents [] other -----

Care Home or Supported Living Program _____ Contact Person _____

Emergency Contact _____ Phone # _____

Secondary Contact _____ Phone # _____

Counselor/Caseworker/Conservator _____ / _____ Phone # _____

 Name Title

Would you like to receive information regarding the Chargers Special Olympics' Team? [] Yes [] No

Disability *(Please check all that apply)*

Developmental Disability

- [] Mental Retardation
- [] Down Syndrome
- [] Cerebral Palsy
- [] Autism
- [] Seizure Disorder
- [] Prader Willi
- [] Other

Physical Disability

- [] Orthopedic (Skeletal)
- [] Head Trauma/ Brain Injury
- [] Arthritic
- [] Amputation (s)
- [] Spinal Injury

Mental Health

- [] Psychiatric Disorder
- [] Emotionally Disturbed

Sensory Impairments

- [] Hearing Impaired
- [] Visually Impaired

Geriatrics/Aging

- [] Frail Elderly
- [] Alzheimer's

Learning Disability

- [] Speech
- [] Coordination

Other _____

Precautions/Special Information *(check all that apply)*

[] uses wheelchair [] uses walker [] has seizures [] wanders [] uses hearing aid [] special diet

[] Allergies _____
 [] wears glasses [] wears contacts [] heart condition* [] behavior problems*

*Please elaborate _____

Other _____

For Office Use Only			
Membership Info:	# Assigned _____	By _____	Date _____ Rec't. # _____

(Optional)
 Please Place
 Participant Photo
 Here

Please Complete Other Side

Name _____

Name of Day Program, Job Site, School or Workshop _____

Special interests, hobbies or community activities _____

What kind of transportation do you use for recreation activities? (I.e. Paratransit, Regional Transit, private vehicle, etc.)

Highest grade completed in school? _____ Other Information _____

THIS AREA MUST BE COMPLETED IN ORDER TO ATTEND TRS PROGRAMS.

◆ Medical Release

In the event of an accident or other emergency requiring medical or surgical care and/or treatment while _____ is participating in Therapeutic Recreation Services (TRS) programs, TRS staff will call the primary and emergency #'s listed on the program registration form. If TRS staff is unable to reach the responsible party, I hereby authorize a representative of TRS to make such arrangements, as he/she considers necessary for the above-named individual to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named below to undertake such care and treatment, as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

_____/_____/_____
Physician Address Phone

_____/_____
Health Insurance Carrier Medical Record #

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

_____/_____/_____/_____
Printed Name Signature Relationship Date

◆ Liability Release

I understand, acknowledge and assume all risks associated with participation in Therapeutic Recreation Services (TRS) programs. I agree to hold harmless the County, its employees, volunteers, directors and co-sponsors associated with TRS activities for any damages allegedly caused by my participation. Additionally, I agree to waive any claim of liability on the part of the County for any injury arising out of or in any way related to my participation in TRS activities.

_____/_____/_____/_____
Printed Name Signature Relationship Date

◆ Media Release (optional)

I specifically grant permission to the County of Sacramento to use the likeness, voice and words of the above-named individual for the promotion of Therapeutic Recreation Services programs. All photos, film, etc. will remain the property of TRS and may be used for publicity or promotion purposes only.

_____/_____/_____/_____
Printed Name Signature Relationship Date