



Missouri City Parks & Recreation Department
Adaptive Recreation Participation Form

This participation form is due two weeks prior to class start date.

Participant Information

Name: _____ Date: _____
Address: _____ City _____ Zip _____
Phone Number: _____ Alternate Phone Number: _____
Date of Birth: ____ / ____ / ____ Current Age: _____ Gender (check): M F
Email Address: _____
Primary Disability/Diagnosis: _____
Date Diagnosed: _____

Do you require an Aid / Attendant? Yes No If yes, please complete the Aid / Attendant Information section.
After registering you will receive information on adaptive recreation programs via email. If you prefer not to receive information you have the option to opt out once the email is received.

Emergency Contact Information

Names of parent(s), home provider, or primary contact: _____
Home Phone Number: _____ (work) _____ (cell) _____
Address: _____ City _____ Zip _____
Relationship to participant: _____
Participant is able to give consent for medical treatment in the event of an emergency: Yes No

Aid / Attendant Information

Name: _____ Relation: _____
Address: _____ City _____ Zip _____
Phone Number: _____ Alternate Phone Number: _____
Date of Birth: ____ / ____ / ____ Current Age: _____ Gender (circle): M F

Health & Safety Information

Current Medications: _____

Please note that staff will not administer medications to participants

Seizures: Yes No If yes describe type and frequency: _____

Swimming Information (circle):

Able to swim Non-swimmer Needs life jacket Uses adaptive equipment

Allergies: Check any allergies below and provide specific allergy

Food: _____
 Medication: _____
 Environmental: (seasonal, dust, etc.) _____
 Other: _____
 No Known Allergies

Can Toilet:

- Independently
- Independently, with reminders
- Only with assistance

Adaptive Equipment: N/A If this section does not apply to you please skip

Please list any equipment you will bring and use during programs: _____

Will participant require any adaptive equipment or modifications during activities? _____

Safety Information: N/A If this section does not apply to you please skip

- Recognizes general safety (electrical, chemicals, sharp items, hot objects, etc.)
- Adapts to crowded/noisy areas
- Able to seek assistance if lost
- Able to get medical attention
- Manages own belongings
- Carries emergency card (complete with diagnosis, health information and emergency contacts)
- May wander from group
- Able to verbalize home address
- Able to verbalize home phone
- Appropriate social interactions

Other: _____

Communication Information: N/A If this section does not apply to you please skip

- Verbal and clearly understood
- Uses sign language
- Able to read
- Able to state full name
- Able to communicate needs and wants
- Verbal but not clearly understood
- Uses a communication board
- Able to write
- Able to follow one-step directions
- Able to follow two-step directions

Other: _____

Behavioral Triggers or Fears: N/A If this section does not apply to you please skip

- Loud noises
- Large open spaces
- Internal temperature (hot/cold)
- Weather
- Flashing/bright lights
- Odors/smells
- Crowded places
- Animals
- Small/closed spaces

Other: _____

Recreation / Leisure Interest

Please mark your interest below and provide an example of your specific interests:

Active Sports (i.e. volleyball, bocce ball, etc.): _____

Creative Arts (i.e. music, painting/crafts, etc.): _____

Outdoor Recreation (i.e. archery, gardening, etc.): _____

Leisure Activities (i.e. table games, reading, etc.): _____

Other: _____

Program Information

The staff is here to lead and implement adaptive recreational programs for your enjoyment. Participants who require personal care, medication assistance or one-on-one instruction are required to provide an aid or assistant. If one is not provided, access to the program will be denied.

Information obtained here will not be shared or distributed to others; it is for Adaptive Recreation programming purposes only. Please return signed and completed participation form along with the release of liability form. Return to the Missouri City Parks & Recreation Department, located at the Recreation and Tennis Center. Forms can also be mailed or scanned and emailed to:

Allison Vickery, CTRS
Recreation Specialist
Missouri City Parks & Recreation Department
2701 Cypress Point Dr.
Missouri City, Texas 77459
Phone: 281.403.8637
Email: allison.vickery@missouricitytx.gov
Website: mctxparks.com

I have read and understand all documents contained in the registration packet: Code of Conduct, Release of Liability form, and Photography Release Form and the Participation form. I agree to comply with all program requirements.

Signature of Participant/
Parent or Legal Guardian of Participant

Printed Name of Participant

Date

Printed Name of Parent or Legal Guardian
(If signing on behalf of a participant under age 18)

For Office Use Only:

Staff Signature: _____ Date Reviewed: _____

Staff Notes:

WAIVER AND INDEMNIFICATION AGREEMENT

By my signature below, I, and on behalf of my heirs, executors, administrators, personal representatives, assigns, and/or my dependent minor listed below, for and in consideration of being permitted to participate in any recreation program conducted, sponsored, or sanctioned, in whole or in part, by the City of Missouri City, or to enter or use any event, facility, equipment, amenity or service conducted, owned or operated by the City of Missouri City, including the Missouri City Recreation & Tennis Center or any part thereof, **hereby voluntarily and knowingly waive my right to sue the City of Missouri City, a municipal corporation of the state of Texas, its employees, officers, contractors, subcontractors, and agents, in both their individual and official capacities, and its assigns and successors (hereinafter collectively referred to as "City") and release and forever discharge the City from any and all actions, causes of action, claims, compensation, demands, liabilities, or reimbursement of every kind and character for any loss or damage, present or future, known and unknown, sustained by me arising out of or in connection with my participation, entry, use, or activity described above.**

I agree to indemnify, defend, and hold harmless the City from and against any and all actions, causes of action, claims, or demands of every kind and character, including, but not limited to, attorney's fees, awards, compensation, costs, damages, expenses, judgments, liabilities, reimbursement, and suits which may be asserted by me for any reason or cause, including, but not limited to, death, loss, personal illness or injury, property damage, or the effects or consequences thereof regardless of whether caused, in whole or in part, by the negligent acts or omissions of the City.

I understand the inherent risks associated with any activity, physical or otherwise, and hereby voluntarily and knowingly assume all risks, both known and unknown, and full responsibility for all injuries, illness, death and property damage or loss arising out of or in any way associated with my entry, involvement or participation in the activities described above.

By signing this Agreement, I declare that I have read and understood each and every part of this Agreement. This Agreement constitutes the entire understanding concerning waiver of liability, indemnity and assumption of risk. I am signing this Agreement freely and voluntarily without any inducement, assurance, or guarantee and intend my signature to be a complete and unconditional release of all liabilities to the greatest extent allowed by law.

Signature: _____

Date: _____

Printed Name: _____

FOR PARTICIPANTS UNDER THE AGE OF 18 YEARS

This is to certify that I have the authority to enter into this Agreement on behalf of the minor child or children listed below.

Minor Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

USE OF PHOTOGRAPHS CONSENT/RELEASE

This Use of Photographs Consent/Release is given as of this _____ day of _____, _____, by _____ of _____ (“Consenter”) to the City (“City”).

WHEREAS, the City is desirous of utilizing photographs of individuals in various ways including, but not limited to, promotional materials, advertisements, flyers, calendars, the City website and other publications relating to and drawing attention to the CITY area;

WHEREAS, the City desires to take certain photographs of the Consenter for such purposes and has requested the Consenter’s consent (through the Consenter’s guardian if Consenter is a minor) to the taking of the photographs and for the unrestricted use and utilization of the photographs for current and future City purposes, including, but not limited to, those uses listed above; and

WHEREAS, the Consenter consents and does not object to the taking of the photographs and utilizing them for City purposes.

NOW THEREFORE, the Consenter hereby consents as follows:

1. Consenter consents to the taking of various photographs of the Consenter by the City and the City’s desired use and utilization of the photographs taken. To the fullest extent possible under law, Consenter releases the City with regard to the photographs and their use.
2. Consenter recognizes and agrees that he/she will not receive compensation or any other benefit whatsoever as a result of this Consent and the City’s use of the photographs and is freely allowing the City to use the photographs which include the Consenter’s likeness.
3. Consenter recognizes and agrees that any photographs taken pursuant to this Consent are exclusively owned by the City and that Consenter has no interest in the photographs whatsoever.

WHEREFORE, the Consenter has executed this Consent as of the date first written above.

CONSENTER

CONSENTER’S LEGAL GUARDIAN IF
CONSENTER IS A MINOR

Acknowledged by:

The City of Missouri City

By: _____