

DIVISION OF PARKS AND RECREATION THERAPEUTIC RECREATION ONLINE INDIVIDUAL REGISTRATION

Return this form on the back of this page to: **Therapeutic Recreation, Lexington Parks & Recreation, 545 N. Upper Street, Lexington, KY 40508.** Classes will be filled on a first-come, first-served basis on the postmarked date on the registration envelope or by walk-in. In the event that a class/program is filled before your application is received, your fees will be returned or our account credited. ALL fees must accompany this registration form. **DO NOT SEND CASH.** Make your check or money order payable to the Division of Parks and Recreation. This form is not a confirmation of class registration. Scholarship applications are available at www.lexingtonky.gov/tr.

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SPRING/SUMMER 2021 PROGRAM SCHEDULE *Registration begins Monday, April 5, 2021*

<input type="checkbox"/> Horsemanship (\$131.25) – In-person (No scholarships available for 18 years old and up). Choose 1 st & 2 nd option for lottery drawing. Tuesdays and Thursdays, April 13– May 20 <input type="checkbox"/> 2:00 – 3:00pm (01) (Tuesday) <input type="checkbox"/> 3:30 – 4:30pm (02) (Tuesday) <input type="checkbox"/> 2:00 – 3:00pm (03) (Thursday) <input type="checkbox"/> 3:30 – 4:30pm (04) (Thursday)	<input type="checkbox"/> Bingo (FREE) Zoom Class Fridays, April 2-May21 1:00-2:00pm Zoom Meeting Code: 949 8674 5030 Zoom Passcode: TRzoom <input type="checkbox"/> Social Artworking (FREE) Zoom Class Saturday, 12:00pm-1:00pm Zoom Meeting Code: 215390491 Zoom Passcode: TRzoom
<input type="checkbox"/> Archery (\$50) In-person Mondays, April 12 – May 17 10:00 am – 11:30am	<input type="checkbox"/> Gardening Program (FREE) 3:30pm-5:00pm Pick up seeds and soil by April 5 th at Dunbar Community Center
<input type="checkbox"/> Bowling (\$25 and \$9 pay at the door) – In-person Saturdays, April 10 – May 15 In-person 10:30am – 12:30pm	Therapeutic Recreation Summer Fun Camp Registration opens online at www.lexingtonky.gov/tr on Tuesday, April 20 th at 11:00am. \$125.00 per session
<input type="checkbox"/> Adult Fitness (FREE) Zoom Class Mondays and Fridays, April 2-May 21 2:30 – 3:30pm Zoom Meeting Code: 984 8504 3891 Zoom Passcode: TRzoom	Questions? Please contact: Jill Farmer at 859-288-2928 or jfarmer2@lexingtonky.gov Brent Claiborne at 859-288-2908 or bclaiborne@lexingtonky.gov
<input type="checkbox"/> Adult Fitness (\$25/6 weeks or \$5 per week) In-person Wednesdays, April 14-19 2:30-3:30pm Location: 4/14-Shillito Park Location: 4/21-McConnell Springs Location: 4/28- Arboretum Location: 5/5- Veteran’s Park Location: 5/12-Shillito Park Location: 5/19- McConnell Springs	Adaptive Sports Interest For more information on Adaptive Sports please contact Jill Farmer at 859-288-2928 or jfarmer2@lexingtonky.gov
<input type="checkbox"/> Story Time (FREE) Zoom Class Monday-Friday, April 1-April 9 Tuesdays-Friday April 13-May 21 10:00-11:00am Zoom Meeting Code: 984 8504 3891 Zoom Passcode: TRzoom	NOTE Please complete the Individual Registration Form and Medical Consent and Waiver Agreement on the back of this form
<input type="checkbox"/> Cooking Together (FREE) Zoom Class Wednesdays, April 7-May19 11:30-12:30pm Zoom Meeting Code: 924 1945 9940 Zoom Passcode: TRzoom	



DIVISION OF PARKS AND RECREATION Therapeutic Recreation
INDIVIDUAL REGISTRATION FORM (PLEASE PRINT)

Date Received:	_____
Amount Paid:	_____
Mailing List:	<input type="checkbox"/> Y <input type="checkbox"/> N
Confirmation Sent:	_____
Scholarship:	_____

Name: _____ Age: _____ Total Fees Enclosed: _____
Street Address: _____ Gender: M F
City: _____ State: _____ Zip: _____ Birthday: _____
Parent/Guardian Name: _____ Participant Phone: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Emergency Contact & Number: _____
Hospital Preference: _____
Disability: _____ Assistive equipment used: _____
Allergies: _____ Medications: _____

THIS SECTION MUST BE COMPLETED AND SIGNED FOR PARTICIPATION

MEDICAL CONSENT AGREEMENT AND RELEASE: I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in order to grant any additional authorization for medical procedures. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Participant or Parent/Guardian (if minor child): _____ Date: _____

WAIVER AND RELEASE AGREEMENT:

(1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s). _____ Initial

(2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation. _____ Initial

(3) I understand that by signing this application I am responsible for payment and will comply with payment deadlines as specified. _____ Initial

(4) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s). _____ Initial

(5) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators. _____ Initial

(6) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted seven (7) business days prior to the start of the activity, except in special circumstances such as medical reasons. _____ Initial

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Participant or Parent/Guardian (if minor child): _____ Date: _____