



LEXINGTON

Parks & Recreation

GENERAL INFORMATION

Our Mission

Build community and enrich life through parks, programs and play.

Our Values

Community

Stewardship

Inclusion

Collaboration

Innovation

About Therapeutic Recreation

Therapeutic Recreation is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being. Further, the Lexington Parks and Recreation Therapeutic Recreation (TR) programs provide a community based treatment service designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.

Registration

Online and in-person registration will open on Monday, August 12 after 10:00am. Registration for TR program is available electronically and can be completed by going to www.lexingtonky.gov/tr on August 12, 2024 after 10:00am. If you are not able to complete your registration electronically, please complete and return the attached forms to: Therapeutic Recreation, Attention Jill Farmer or Brent Claiborne, Lexington Parks & Recreation, 545 N. Upper Street, 3rd floor, Lexington, KY 40508. Classes will be filled on a first-come, first-served basis on the postmarked date on the registration envelope if completed manually. **Please do not send any registration fees until you have received an email confirmation from us that you are in the class or program.**

Count Me In! Financial Assistance Applications Any Lexington Parks & Recreation paid program, camp, or event is eligible for a **50% financial assistance discount for youth and adults in qualifying households.** To qualify, parents/guardians must complete the form at the link below and provide proof of eligibility. KTAP, medical assistance cards, documentation of foster care, or other proof of government assistance is acceptable as proof of eligibility. Please click on the link below to access the form. If you completed this form for our spring or summer 2024 programs, please let us know so you don't have to complete it a second time.

[2015 Income Eligibility Form pg 2 \(lexingtonky.gov\)](#)

Submit your completed financial assistance form to Parks & Recreation, 545 North Upper St., 3rd Floor, Lexington, KY 40508.

Families must apply/reapply for financial assistance every year. Appeals for denial of financial assistance or requests for additional financial assistance should be made in writing to Parks & Recreation, Director, 469 Parkway Dr., Lexington, KY 40504. For questions, contact Phyllis Arnold at [\(859\) 288-2900](tel:8592882900).

PROGRAM CANCELLATION/CLOSURES: If Fayette County Schools have announced closures due to inclement weather; TR Programs will be cancelled as well. Please refer to our social media sites **Facebook**, <https://www.facebook.com/lexkyparks> or **Instagram** at <https://www.instagram.com/lexkyparks> for the most up to date announcements regarding program cancellations.

Please sign up for the Parks and Recreation Newsletter for important announcements and to receive monthly program highlights at <http://lexingtonky.us12.list-manage.com/subscribe?u=7977c78231be32556c15c09f7&id=96ddbd86fe>.

We will make every attempt to make up missed classes due to inclement weather, however due to scheduling this may not be possible. Refunds or credits are not given for missed classes or programs canceled due to weather.

PARTICIPANT SUPERVISION: Due to the nature of our Therapeutic Recreation activities and the large number of individuals that participate, we are not able to provide direct one-on-one supervision. The TR staff will be present to facilitate activities and assist individuals as needed in programs such as archery, dances and other large group activities. If one-on-one support is needed, then a parent/guardian/caregiver/support staff should be present during the activity. Those individuals providing one-on-one support will be expected to participate in the specific activities with the individual for which they are providing support. Parents/guardians/caregivers/support staff are responsible for participants before and after scheduled program times. Please do not drop off or leave participants unattended before or after the scheduled program time. Program staff will be available during the scheduled program time only. Please do not arrive more than 10 minutes early for programs, as staff are busy preparing for the programs.

Behavior Management Plans: If a participant in your household is currently working with a Behavior Specialist, please include a copy of their behavior management plan with your registration paperwork. If at any time there is a change or an update to their behavior plan, please inform the TR Staff (Jill Farmer and Brent Claiborne) immediately so we can be prepared to incorporate these changes into our programming. It is our goal to help all participants be successful in their program goals and if this information is not shared in a timely manner, it can be detrimental to our programming.

Illness: In consideration of other participants, their families and staff, participants are asked to refrain from attending programs when the following conditions exist:

- Fever, Vomiting or Persistent diarrhea
- Contagious rash or a rash of unknown origin
- Persistent cough and/or cold symptoms
- “Pink eye” (conjunctivitis) or discharge from the eye
- Runny nose with yellow or green discharge
- Symptoms of the mumps, measles, chicken pox, strep throat, Covid, flu, impetigo or any other virus
- Lice or mites present
- Fatigue due to illness, which will hinder participation or enjoyment in the program

Please notify the TR office at 859-288-2908 or 859-288-2928 if the participant contracts any contagious illness that will affect their attendance at a program. Participants should return to programs at the doctor's recommendation or, if not under a doctor's care, when the symptoms have clearly passed and fever free for 24 hours.

Transportation

Transportation to and from the TR programs/events is the responsibility of the participant. Please contact Wheels at 859-233-3433 or other accessible transportation provider to arrange transportation.

For more information about TR Programs, please contact

Jill Farmer, CTRS

Recreation Manager Senior

Office Number: 859-288-2928

Email: jfarmer2@lexingtonky.gov

Brent Claiborne

Recreation Specialist Senior

Office Number: 859-288-2908

Email: bclaiborne@lexingtonky.gov

Thank you for participating in our programs. We realize we have asked for a lot of information so we have provided a checklist below to help you keep track of everything we have requested.

Therapeutic Recreation

2024 Spring Program Checklist *Please return all items to Parks and Recreation to complete registration*

- Completed Participant Information Form**
- Emergency Contact Information**
- Current Behavior Plan**
- Medication List**
- Allergy List**
- Medical Consent Signature**
- Photo Release Signature**
- Current Photo of Participant**

2024 FALL PROGRAMS/ACTIVITIES

INDOOR BOCCE (NEW LOCATION)

Come out to learn how to play Bocce using indoor equipment at Artworks at the Carver School. This program will be open to individuals with and without disabilities. This will be a fun and social activity where everyone can play.

Dates: Fridays, August 23-October 18 **NO CLASS 10/11**

Time: 2:00pm-3:00pm

Location: Artworks at the Carver School (Gymnasium), 522 Patterson Street 40508

Ages: 18 & over

Cost: \$27.00/\$13.50 with scholarship

ADULT FITNESS

Stay healthy and active through a variety of fitness activities and sports.

Dates: Tuesdays/Thursdays, August 27-December 5 **NO CLASS: 10/17, 11/28**

Time: 1:00pm-3:00pm

Location: Dunbar Community Center, 545 North Upper Street 40508

Ages: 18 & Over

Cost: \$140.00/\$70.00 with scholarship

MIRACLE LEAGUE BASEBALL

Take me out to the ballpark. Play two innings, eat a snack and hang out with friends at the ballpark!

Dates: Tuesdays, September-October (5 weeks)

Game Times: 10am, 11am or 12pm

Location: Shillito Park– Miracle League Baseball Field

Ages: 18 & over

Cost: \$10 made payable to the YMCA, if you are a new player, please let Brent know. ***Dates will be confirmed after registration.***

BOWLING (NEW TIME)

Strikes, turkeys and spares are just part of the fun with the TR bowling league. Ramps are available.

Dates: Saturdays, September 7-October 26

Time: 10:00am-12:00pm NEW TIME!!!

Location: Southland Bowling Lanes, 205 Southland Drive 40503

Ages: 13 years and over

Cost: \$27.00/\$13.50 with scholarship **PLUS** \$8 cash per week paid to Southland Bowling Lanes. If you would like to pay for the entire 8 weeks, please make a check payable to Southland Bowling Lanes in the amount of \$64.00.

TR NATURE EXPLORERS

Fun and educational learning experience with staff and volunteers within Lexington Parks Natural Areas. This program will include activities that help individuals learn about and interact with different natural areas.

Dates: Fridays, September 6-October 11

Time: 10:00am -12:00pm

Locations: VARIOUS-**SCHEDULE WILL BE SENT AFTER REGISTRATION**

Ages: 18 & over

Cost: \$45.00/\$22.50 with scholarship

THERAPEUTIC HORSEMANSHIP - PARTICIPANTS MAY NOT WEIGH MORE THAN 200 POUNDS

Staff and volunteers work one-on-one with participants to ensure a safe and fun horseback riding experience. There will be a limit of 4 students per class. **DUE TO THE LIMITED AVAILABILITY OF HORSES FOR THESE CLASSES, WE MUST STRESS THAT PARTICIPANTS MAY NOT WEIGH MORE THAN 200 POUNDS.** A physician's exam may be required in some cases. Participants are REQUIRED to provide their own ASTM-SEI riding helmets.

No online registration for this class. Please submit paper registration form ASAP.

Dates: Mondays or Wednesdays, September 9 – October 16

Times: 2pm-3pm and 3pm-4pm

Location: Masterson Station Park Tack Barn, 3415 Shamrock Lane 40511

Ages: 13 & Over

Cost: \$175.00/\$87.50 with scholarship for six-week session. **No make-up classes will be available.**

Session 01 Monday 2:00-3:00 *NEW Students who have never participated in our program before (if not full we can put returning students in this class)*

Session 02 Monday 3:00-4:00 Returning Riders

Session 03 Wednesday 2:00-3:00 Returning Riders

Session 04 Wednesday 3:00-4:00 Returning Riders

LATE POLICY - The program will start at the scheduled time. If you are going to be up to five minutes late for Horsemanship, you must give us a call/text at 859-509-4748 or 859-310-5216 to let us know. If you are going to be more than five minutes late your session for the day will be cancelled with no refund.

ARCHERY

Learn basic and safe archery skills. Equipment provided. *Each session is limited to 12 people.*

You may only sign up for 1 session.

Dates: Wednesdays, September 11- October 30

Times: Session 1-10:00am-11:15am

Session 2-11:30am-12:45pm

Location: Artworks at the Carver School (Gymnasium), 522 Patterson Street 40508

Ages: 18 & over

Cost: \$80.00/\$40.00 with scholarship

SOCIAL ARTWORKING (NEW TIME AND LOCATION)

Join us for some creative artwork led by Natalie Wright and family. Artwork will be showcased on December 14th at the Fall Program Banquet.

Dates: Saturdays, September 21, October 19, November 16 and December 7

Time: 2-3:30pm **(NEW TIME)**

Location: Tates Creek Ballroom, 1400 Gainesway Drive 40517 (NEW LOCATION)

Ages: 13 & Over

Cost: \$6.00 each class or \$24.00 for 4 classes/\$3.00 each class or \$12.00 for 4 classes with scholarship.

SOCIAL MUSIC GROUP *Limited to 10 people*

In this music therapy group, participants will be led through a variety of music activities designed to practice social-emotional skills in a structured and motivating environment. Participants may be singing, playing instruments, moving to music, playing musical games, and more to practice peer to peer interaction and communication, attention and listening skills, awareness of others, coping with differences, teamwork and leadership, and other goals as they may arise. This group will be led by Music Therapist, Nora Veblen, MM, MT-BC and team with Wildwood Music Therapy, LLC. All instruments will be provided.

Dates: Thursdays, September 26-November 21 **NO CLASS 10/17**

Time: 10:00am-11:00am

Location: Artworks at the Carver School, 522 Patterson Street, 40508 2nd Floor

Ages: 18 & Over

Cost: \$60.00/\$30.00 with scholarship

YOGA (NEW TIME)

Learn basic yoga skills while increasing flexibility, toning muscles, and improving overall health and wellness. Bring your own water bottle and towel. Yoga mats will be provided.

Dates: Mondays, September 30-November 4

Time: 10:30am-11:30am **(NEW TIME)**

Location: Artworks at the Carver School (Gymnasium), 522 Patterson Street 40508

Ages: 18 & Over

Cost: \$55.00/\$27.50 with scholarship

MUSIC CLASS - TR ROCK BAND *Limited to 15 people*

Here is your chance to be part of a fun music group! Participants will learn to play different electric and acoustic instruments found in popular music from across the decades. We will perform at the Fall Banquet on December 14 for friends and family. Class led by Music Therapist, Nora Veblen, MM, MT-BC and Team with Wildwood Music Therapy, LLC. All instruments will be provided.

Dates: Thursdays, October 24-December 12 **NO CLASS: 11/28**

Time: 11:00am-12:00pm

Location: Artworks at the Carver School, 522 Patterson Street 40508 2nd Floor

Performance Date: December 14 at 1:45pm at Tates Creek Ball Room, 1400 Gainesway Drive 40517

Ages: 18 & Over

Cost: \$60.00/30.00 with scholarship

MUSIC CLASS – YOU CAN UKE!! *Limited to 20 people*

Learn to play the Ukulele as a group with a recital performance at the end of the program. Join us for a fun music filled class led by Music Therapist, Nora Veblen, MM, MT-BC and team with Wildwood Music Therapy, LLC. Ukuleles will be provided.

Dates: Fridays, October 25-December 13 **NO CLASS 11/28**

Time: 1:30-2:30pm

Location: Artworks at the Carver School, 522 Patterson Street 40508 2nd Floor

Performance Date: December 14 at 1:45pm at Tates Creek Ball Room, 1400 Gainesway Drive, 40517

Ages: 18 & Over

Cost: \$60.00/\$30.00 with scholarship

ADAPTED AQUATICS *Limited to 12 participants*

Learn basic water safety skills and work on your swim strokes with this class. One-on-one instruction will be provided for most participants. The YMCA requires that participants wear swim diapers/ plastic pants (snug fitting), if the participant does not possess bowel or bladder control. **Note: Each class will be for a total of 45 minutes so it is very important that you arrive at least 15 minutes before your scheduled swim time to change and enter the water on time. No online registration for this class. Please submit paper registration form ASAP.**

Dates: Mondays, TBA

Times: TBA

Location: Beaumont YMCA, 3251 Beaumont Centre Circle 40513

Ages: 4 & older

Cost: \$80.00/\$40.00 with scholarship

DRAMA GROUP

Fun and creative class for those looking to show their acting skills. Explore and showcase your creative talents with a performance at the end of the season for your friends and family. This class will be led by Martha Meehan with assistance from TR Staff and will include the group being filmed for a video performance.

Dates: Wednesdays, October 23 - November 20

Time: 6:00pm - 7:30pm

Location: Lexington Senior Center, 195 Life Lane 40502

Ages: 18 & over

Cost: \$60.00/\$30.00 with scholarship

This class is for 5 weeks. It is important that participants plan to attend all 5 weeks to be included in the video.

CHOIR

Join us as we learn to sing some fun songs. This group will learn a collection of songs to be performed at a recital for friends and family on December 14. In addition, we will learn a few holiday carols to share with some community groups in December. Class led by Music Therapist, Nora Veblen, MM, MT-BC and Team with Wildwood Music Therapy, LLC. All instruments will be provided. Group will be perform at fall program banquet on December 14.

Dates: Fridays, Oct. 25 – Dec. 13 **NO CLASS 11/29**

Time: 2:45 – 3:45pm

Location: Artworks at the Carver School, 522 Patterson Street 40508 2nd Floor

Performance Date: December 14 at 1:45pm at Tates Creek Ball Room, 1400 Gainesway Drive, 40517

Ages: 13 & Over

Cost: \$60.00/\$30.00 with scholarship

SPECIAL EVENTS AND DAY TRIPS

LADIES NIGHT OUT

Spend the evening with your friends attending different community events around Lexington.

Dates: October 24, November TBD and December 18

Time and Activities: TBA

Location: Various

Ages: 18 & Over

Cost: TBA depending on activity

GUYS NIGHT OUT

Spend the evening with your friends attending different community events around Lexington.

Activities: TBA

Dates: September 9th, October 13th, November TBD, December 18th

Location: TBA

Ages: 18 & Over

Cost: TBA depending on activity

HOEDOWN COUNTRY DANCE NEW OFFERING!

Join us for a fun night of dancing to country music and other genres. Put on your cowboy boots, wear your best Hoe Down outfit and join in the festivities. Must RSVP to attend. **MUST PAY IN ADVANCE**

Date: Saturday, September 28

Time: 6pm - 8pm

Location: Tates Creek Recreation Center, 1400 Gainesway Dr. 40517

Ages: 13 & Over

Cost: \$15.00/\$7.50 with scholarship, **MUST BE PAID IN ADVANCE**

KEENELAND FALL MEET Limited to 20 people

Spend the day with friends at the beautiful Keeneland Race Track.

Date: Thursday, October 17

Time: 10am-4:00pm-Drop off and pick at Dunbar Community Center, 545 N Upper Street

Location: Keeneland Racetrack, 4201 Versailles Rd, Lexington, KY 40510

Ages: 18 & Over

Cost: Admission costs TBA. Bring money for food, drinks and misc.

HALLOWEEN COSTUME DANCE

Enjoy an evening of music, dancing, and costume fun. **MUST RSVP TO ATTEND**

Date: Saturday, October 26

Time: 6pm - 8pm

Location: Tates Creek Recreation Center, 1400 Gainesway Dr. 40517

Ages: 13 & Over

Cost: \$15.00/\$7.50 with scholarship, **MUST BE PAID IN ADVANCE**

FALL PROGRAM LUNCH BANQUET (NEW TIME)

Fun-filled time to celebrate all that our participants have accomplished during the Fall programming. Come out to see who scored the most bowling strikes, who hit the most bullseyes in archery or who had perfect attendance at the fall programs.

Date: Saturday, Dec. 14

Time: 12-1pm Lunch

1-1:45pm Program Recognition Awards

1:45pm Performances by the TR Rock Band, Ukulele Group and Choir

Location: Tates Creek Recreation Center, 1400 Gainesway Dr. 40517

Ages: All Ages Welcome

Cost: \$15.00 per person for lunch. **MUST BE PAID IN ADVANCE BY 12/6.**

FREE VIRTUAL/ZOOM PROGRAMMING-You must have an email address and access to Wi-Fi services to participate in this program.

We are happy to continue to provide select programs through a virtual format using Microsoft Teams. Please watch for an email after you sign up for this program and add it to your calendar. On the days we meet, you will only have to click on the Team Meeting link in your calendar to join into the fun! **Please make sure we have you current email address to send you the full calendar.** *Please Note: Days and times of the virtual programs are subject to change for in-person programming.*

Puzzles and Brain Teasers

Join us as we work together to solve riddles, word puzzles, brainteasers and more.

Bingo

Bingo is a fun and interactive program featuring a different theme each week. Certificates provided to game winners.

2024 FALL PROGRAMS/ACTIVITIES REGISTRATION FORM Please check the programs you are interested in joining.

Participant's Name: _____

_____ ADULT FITNESS

_____ ARCHERY *List 1st and 2nd choice*

_____ 10-11:15 _____ 11:30-12:45

_____ BOWLING

_____ ADAPTED AQUATICS *Limited to 15 participants. List 1st, 2nd and 3rd choices*

_____ 1:30pm

_____ 2:45pm

_____ 3:00pm

_____ YOGA

_____ INDOOR BOCCE

_____ SOCIAL MUSIC GROUP

_____ MUSIC CLASS-TR ROCK BAND

_____ TR CHOIR

_____ TR NATURE EXPLORERS PROGRAM

_____ MUSIC CLASS-YOU CAN UKE!!

_____ MIRACLE LEAGUE BASEBALL

_____ THERAPEUTIC HORSEMANSHIP *List 1st, 2nd, 3rd and 4th choices*

_____ Monday, 2pm _____ Monday, 3pm _____ Wednesday, 2pm _____ Wednesday, 3pm

_____ SOCIAL ARTWORKING _____ 9/21 _____ 10/19 _____ 11/16 _____ 12/7

_____ DRAMA GROUP

_____ GUY'S NIGHT OUT _____ 9/9 _____ 10/13 _____ 11/ _____ 12/18

_____ LADIES NIGHT OUT _____ 11/24 _____ 1NOV TBA _____ 12/18

_____ HOEDOWN DANCE

_____ HALLOWEEN DANCE

_____ KEENELAND SPRING MEET

_____ FALL LUNCH PROGRAM BANQUET

_____ FREE VIRTUAL/ZOOM PROGRAMMING

_____ VIRTUAL PUZZLE AND BRAIN TEASERS

_____ VIRTUAL BINGO

Email Address _____



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Facebook

<https://www.facebook.com/lexkyparks>

Instagram

<https://www.instagram.com/lexkyparks>

Parks and Recreation Newsletter

<http://lexingtonky.us12.list-manage.com/subscribe?u=7977c78231be32556c15c09f7&id=96ddbd86fe>

Lexington Parks and Recreation
Fall 2024
Therapeutic Recreation Programs
Participant Information Form

Please fill out the following information completely. **(PLEASE PRINT)**

Participant's Name (Legal Last) _____ (Legal First) _____ (Preferred) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Primary Phone Number _____ Email _____

Gender _____ Age _____ Birthdate _____ Ethnicity _____

Diagnosis/Disability: _____

School _____ Teacher _____ Email _____ Phone Number _____

Permission to contact Teacher, please initial here _____ Participant is own guardian Yes or No

Participant Staffing Ratio (check one) _____ 1:1 _____ 1:2 _____ 1:3 _____ 1:4 _____ Independent

PARENT/GUARDIAN INFORMATION

Parent/Guardian Primary (Legal Last) _____ (Legal First) _____ (Guardian Type) _____

Address (if different than above) _____ City _____ State _____ Zip _____

Primary Contact Method _____ Home _____ Cell _____ Work _____ Email _____

Home Number _____ Cell Number _____ Work Number _____

Parent/Guardian Secondary (Legal Last) _____ (Legal First) _____ (Guardian Type) _____

Address (if different than above) _____ City _____ State _____ Zip _____

Primary Contact Method _____ Home _____ Cell _____ Work _____ Email _____

Home Number _____ Cell Number _____ Work Number _____

EMERGENCY CONTACT INFORMATION:

NAME OF AUTHORIZED INDIVIDUALS FOR PICKUP

PRIMARY PHONE NUMBER(S)

PARTICIPANT INFORMATION

What are the activities does your Participant prefer? _____

What activities does the Participant **not** prefer? How does the Participant react? What is the most effective way for staff to respond?

Participant's Name: _____

What are effective transition techniques for the Participant (timers, countdowns)? _____

SENSORY: What kind of sensory experience does the Participant **seek or avoid**-sound, touch, visual, taste, smell, movement?

Seeks (please list): _____

Avoids (please list): _____

COMMUNICATION:

Is English the Participant's primary language? Yes No If no, please list primary language: _____

How does Participant communicate? Verbal Sign language Picture board Tablet /iPad

Other Communication Device or Ability (Please list): _____

Is the Participant capable of giving staff instruction (i.e., food requests, personal care information, etc.)? Yes No

If no, please give describe how the Participant will communicate this information: _____

ASSISTIVE DEVICES (check all that apply) Wheelchair (see below) Braces Walker Canes Glasses Hearing Aids

Augmentative Communication Device Other: _____

Wheelchair Type Manual Power Scooter

If using a wheelchair, is the Participant able to transfer on their own? Yes No **IF NO, HOW DOES CMAPER**

TRANSFER: (check all that apply) Independent (No assist needed) Stand-by supervision (May have potential for loss of balance) Transfer with one person (Minimal assist) Participant can bear weight (Transfer with one person)

Maximum assist (Participant cannot bear weight) Transfer with two people needed

Equipment needed for transfer _____

Special instructions regarding transfers and how much time Participant should be out of the wheelchair? _____

Does the Participant wear braces (AFOS, SMOS, etc.?) Describe how/when to put on/take off: _____

Can the Participant walk independently or do they need assistance? Please describe assistance needed: _____

BEHAVIOR (PLEASE PROVIDE A COPY OF THE PARTICIPANT'S BEHAVIOR MANAGEMENT PLAN):

Will wander or leave group Will ask for assistance when needed Has behavior plan (please include with this application) Will take others belongings or food Easily distracted/difficulty focusing Runs away/flight risk

Recognizes Danger Unable to communicate needs Anxiety when separated from family

Has specific triggers (list below) Has specific fears/concerns (list below) Exhibits self-injurious behaviors (list below) Physically/verbally aggressive (explain below) Other (list below)

Additional information regarding behavior: _____

Participant's Name: _____

SWIMMING EXPERIENCE: ____ Has basic swimming skills (can go under, get face wet, float on back, etc.)

____ Limited/no swimming skills (not comfortable in water, avoids getting face and head wet, does not go under water).

Additional Swimming Information: _____

MEDICATION INFORMATION

NAME OF MEDICATION _____

DESCRIPTION _____

DOSAGE _____

TIME GIVEN _____

REFRIGERATION NEEDED _____ YES _____ NO

DISPENSING INSTRUCTIONS _____

SIDE EFFECTS _____

NAME OF MEDICATION _____

DESCRIPTION _____

DOSAGE _____

TIME GIVEN _____

REFRIGERATION NEEDED _____ YES _____ NO

DISPENSING INSTRUCTIONS _____

SIDE EFFECTS _____

NAME OF MEDICATION _____

DESCRIPTION _____

DOSAGE _____

TIME GIVEN _____

REFRIGERATION NEEDED _____ YES _____ NO

DISPENSING INSTRUCTIONS _____

SIDE EFFECTS _____

ALLERGIES: (Please list below any intolerance and reaction based allergies-please be specific): _____

ADDITIONAL INFORMATION NOT COVERED ABOVE: _____

Participant's Name: _____

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 or to grant any additional authorization for any surgical procedure. 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).

(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.

(3) 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).

(4) 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.

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

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

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