

registration information

4 convenient ways to register

Please make checks payable to the Rockford Park District.

- 1. REGISTER ONLINE** at www.RockfordParkDistrict.org.
Click on "Register now" for details.
- 2. MAIL** your registration form and payment to
ROCKFORD PARK DISTRICT ATTN CUSTOMER SERVICE
401 S MAIN ST STE 109 ROCKFORD, IL 61101-1321
- 3. FAX** your form (*credit card only*) to 815-987-8877.
- 4. REGISTER IN PERSON** at our Customer Service locations:
WEBBS NORMAN CENTER 401 S. Main Street, Rockford
OFFICE HOURS Mon–Fri, 8:30 am–5:00 pm
CARLSON ICE ARENA Perryville and Riverside, Loves Park
OFFICE HOURS Mon–Fri, 8:00 am–8:00 pm; Sat, 8:00 am–12:00 pm

Program Registration

REGISTER EARLY! Registration ends 8 days prior to the start of the program or event. If you register after the deadline, your registration will be held until we can determine if accommodations for the participant can be made. Accommodations include assessment of individual's needs, requirements of the program, space limitations, staffing, and where appropriate, transportation capacity.

We also have minimum requirements to have a program run. Due to low enrollment, a program may be cancelled.

TR Assessment/ Annual Information Form (AIF)

To better serve you or your child's needs, it is necessary for us to have a current AIF on file in our office. This form contains medical and other information that ensures individual success in the program and provides essential emergency information.

PHOTOS

On occasion, the Rockford Park District staff may photograph or videotape participants during Park District programs/classes, events, or at our facilities. These photos may be used in Park District publications, advertisements, videos, or on our web site. If you or your child do not wish to be photographed, please step away from the camera or notify the photographer.

Information you need to know

Program Drop-off and Pick-up

For the safety of all participants, parents must personally check in with a program leader when dropping off and picking up their participant. Individuals picking up participants will be asked to show a photo I.D.

Late Pick-up Policy

If parents/guardians are not on time for picking up participants, a late fee will be assessed. A \$5.00 fee will be invoiced for every 5 minutes. Continued tardiness could result in possible dismissal from the program.

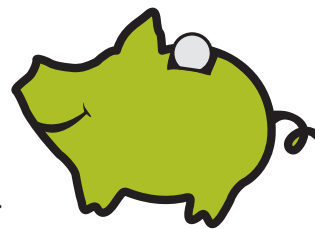
Fun and enjoyment for everyone

EZ Pay Plan

We offer an installment payment plan for select programs, which automatically withdraws payments from your bank account or charges payments to your credit card. Call 815-987-8800 (TTY, 888-871-6171) to make arrangements.

Fee Assistance

People with disabilities who meet fee assistance guidelines, and are residents of the Park District, may be eligible for the "Fun For All Kids" fee assistance program. Call 815-987-8800 for more information.

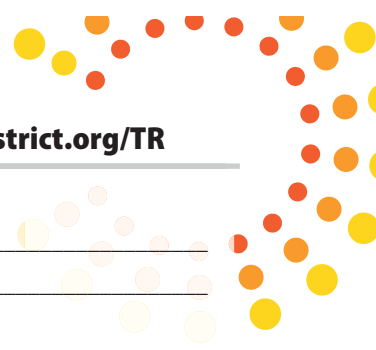


New Medication Procedures

The Rockford Park District strongly encourages participants' self-responsibility for their personal health, including personal care and medications. We ask that whenever possible, participants take their medication before or after, rather than during programming. Please understand that the Rockford Park District will administer medication for youth under the age of 18 and/or participants enrolled in our Therapeutic Recreation specific programs only in situations that are absolutely necessary for a participant's health, and which fall under the *Americans with Disabilities Act* and District guidelines.

In order for staff to administer medication, parents/guardians must complete the appropriate forms.

TR GUIDE ACCURACY Every effort has been made to assure the accuracy of information contained within this Guide. However, errors can occur and circumstances may require adjustments to fees, schedules, locations, or other aspects. The Rockford Park District reserves the right to make such adjustments, and apologizes for any inconveniences these errors or adjustments may cause.



PLEASE COMPLETE BOTH SIDES OF THIS FORM, AND RETURN TO THE THERAPEUTIC RECREATION TEAM

Participant Name _____ Information collected from _____

Program(s) Registered For _____

PARTICIPANT INFORMATION

Date of Birth ____/____/____ Sex M F

Primary Disability/Diagnosis _____

Secondary Diagnosis _____

Is the participant subject to seizures? Yes No Date of last seizure ____/____/____

Describe seizure signs/symptoms, type, and frequency _____

Seizure Treatment _____

If Down Syndrome, has the participant been tested for Atlanto-Axial Instability? Yes No If yes, were the results positive? Yes No

Does your child have a shunt? Yes No Please describe _____

Does the participant have a specific diet, dietary restrictions, or any food that may cause behavioral changes? Yes No

If yes, please explain _____

Does the participant have any allergies? Yes No If yes, please explain _____

Are there any side effects from medications that we should be aware of? Yes No If yes, please explain _____

REASONS FOR PARTICIPATING IN PROGRAM Please mark all that apply.

- Physical Activity Socialization/Friendships Exposure Responsibility Individual skill/development
- Motor Development Group interaction Creativity Entertainment FUN

Specific GOALS parents/guardians would like to see worked on _____

DAILY LIVING SKILLS

EATING Can eat independently Needs to be monitored Needs physical assistance Explain _____

BATHROOM Can toilet independently Needs to be monitored Needs physical assistance Explain _____

Detailed Comments _____

MOBILITY

Does the participant use any devices for mobility? Manual wheelchair Motorized wheelchair Crutches Leg Braces Walker

Mobility needs staff should be aware of Endurance Balance Gait Other

Explain _____

COMMUNICATION

Verbal/speaks clearly Verbal/speech is difficult to understand Has difficulty expressing needs Gestures/points Uses sign language

Uses hearing devices Uses a communication board/schedule/pictures English as a second language (first language _____)

Other _____ Detailed Comments _____

INTERACTION/SOCIALIZATION SKILLS

Initiates socialization? Initiates social interaction on own Socializes with verbal prompting Avoids social interactions

Explain _____

Prefers being Alone with peers with adults Explain _____

Is most successful in Large groups Small groups Other Explain _____

Responds better to Males Females Either Explain _____

Detailed Comments _____

TR THERAPEUTIC RECREATION

Annual Information Form



ABILITY TO FOLLOW DIRECTIONS

Can follow directions Independently With verbal prompting With step-by-step assistance Explain _____

BEHAVIORS/CONDUCT

Short attention span Easily distracted Hyperactivity Runs/wanders Oppositional/defiant Manipulative Steals Instigates behavior
 Verbal outbursts Physical outbursts towards others/self Tantrums Emotional meltdown Shy/withdrawn Other _____

Detailed Comments _____

What are the known triggers? _____

Does the participant respond to specific behavior techniques (i.e., used at home or school)? Yes No Explain _____

Does the participant respond to specific reinforcement devices (i.e., used at home or school)? Yes No Explain _____

Does the participant display any unusual fears or concerns? Yes No Explain _____

PERSONAL INTERESTS

Favorite Quiet Activities _____ Favorite Active Games _____
Favorite Colors _____ Other _____

PARENT/GUARDIAN INFORMATION

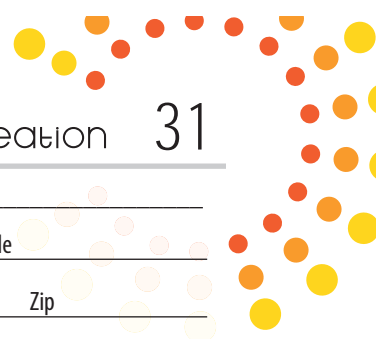
Parent/Guardian Name _____ Email _____
Home Phone _____ Cell Phone _____ Work Phone _____
Emergency Contact _____ Phone _____

SCHOOL/WORK INFORMATION

School/Work _____ Grade _____ Teacher/Para _____
 School/Work # _____ Classroom Setting _____

TRANSPORTATION

To program _____ From program _____



PARTICIPANT INFORMATION

HH ID# _____

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Birthdate ____/____/____ Age _____ Male Female

Parent/Guardian Name _____ Work Phone _____ Cell Phone _____

E-mail address (optional) _____

How did you find out about our program(s)? billboard e-newsletter friend/relative magazine newspaper other radio TV web site

Does participant have allergies that may require medication (i.e., Epi Pen, Benadryl, etc.)? Yes No

Will participant need to take medication during program hours? Yes No

Does participant have a disability or medical condition that may require assistance or accommodation? Yes No
(i.e., diabetes, seizures, mental illness, conduct/behavior disorder, physical disability, developmental delay)

If answering yes to either medication question, please request the Permission to Administer Medication Form from Customer Service

The Rockford Park District is committed to providing services in an equitable manner.

Answering the following is optional, but helps us measure how we are doing. RACE/ETHNICITY (select all that apply)

American Indian/Alaskan Native Asian/Pacific Islander Black White Hispanic (any race) Other (please list) _____

EMERGENCY INFORMATION/AUTHORIZED PICK-UP

Please list any adult (age 18+) we should contact if the parent/guardian cannot be reached in the event of any emergency. Indicate anyone authorized to pick up your child in the event that you are unable to do so. To ensure your children's safety, they will not be released to any individual not named on this form. Adults must present a photo ID at the time of pick-up.

Name _____ Phone #1 _____

Phone #2 _____ Relationship _____ May Pick Up Yes No

Name _____ Phone #1 _____

Phone #2 _____ Relationship _____ May Pick Up Yes No

PROGRAM INFORMATION				
ID #	PROGRAM NAME	PROGRAM DATE	ADULT PROGRAMS ONLY: IF PROVIDED, IS TRANSPORTATION NEEDED? (add \$4 to fee)	FEE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

FORM CONTINUED ON THE NEXT PAGE • FORM IS NOT COMPLETE UNTIL BOTH SIDES HAVE BEEN FILLED IN
PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on the waiver (see reverse side).

Registration FORM



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Participant's Name (repeat from front) _____

FEE ASSISTANCE "Fun For All Kids" is available to residents for select youth programs. Call 815-987-8800 for more information.

PAYMENT INFORMATION

Would you like to donate to the Rockford Park District Fee Assistance program to aid kids who need financial help to participate in RPD programs? Yes \$ _____ No

Credit Card Number _____ Exp Date _____ TOTAL FEE _____

Signature (Authorization for Credit Card Use) _____

FOR YOUNG ADULT & BE SOCIAL PROGRAMS ONLY

I LIVE IN A:

- Group Home Housing/Apartment Complex: Name _____
- Family Residence Retirement/Nursing Home: Name _____

WHERE SHOULD WE PICK YOU UP? (These are the only addresses that will be used for transportation routes)

- At address listed on the front of this form
- Meadow Mart, N Second St
- Famous Footwear, E State St.
- Address of family or friend (list below)

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

IMPORTANT INFORMATION

The Rockford Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Rockford Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "District"). I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name (PLEASE PRINT) _____

Parent/Guardian or Adult Participant Signature _____

Date _____ **PARTICIPATION WILL BE DENIED** if the signature of adult participant or parent/guardian and date are not on this waiver.

Registration Information