Norfolk Department of Parks & Recreation
Therapeutic Recreation Center

Participant Registration Form

Name of Registrant _____ Age _____Sex _____
Address _____ Zip _____ DOB _____
Phone *(Home)* _____ *(Work)* _____ *(Cell)* _____
Email _____
Parent/Guardian Name *(if applicable)* _____
Address _____ Zip_____ Phone_____
Emergency Contact _____ Phone_____
Physician's Name _____ Phone_____
In case of an emergency, hospital of choice _____

Medical History

Primary Diagnosis _____
Other Medical Issues _____
Any specific accommodations required? If so, what? _____

Has participant had any of the following?:

Diabetes	Yes ☐ No ☐	Speech Disorder	Yes ☐ No ☐
Diet Restriction	Yes ☐ No ☐	Paralysis	Yes ☐ No ☐
Hearing Impaired	Yes ☐ No ☐	Heart Condition	Yes ☐ No ☐
Visual Impairment	Yes ☐ No ☐		

Allergies Yes ☐ No ☐ ***If YES, to what? _____
Seizure Yes ☐ No ☐ ***If YES, please fill out Seizure Information Form.
Medications Yes ☐ No ☐ ***PLEASE NOTE all current medications: _____
_____

Bowel problems	Yes ☐ No ☐	Able to toilet self	Yes ☐ No ☐
Bladder problems	Yes ☐ No ☐	Able to toilet self	Yes ☐ No ☐

Participant Liability Release

I am aware of the program(s) for which I am registering and I hereby assume responsibility for myself and/or person named_____, to participate. I will not hold the City of Norfolk, Department of Parks & Recreation, Therapeutic Recreation Center and/or its employees responsible in case of an accident or injury as a result of this participation.
Signed _____ Date _____

Photo Release

I give my permission for_____to be photographed while participating in any of the Therapeutic Recreation programs. I understand that the pictures will be used for program publicity.
Signed _____ Date _____

Confidentiality Understanding

I understand the above information given will be kept strictly confidential by the Bureau of Recreation.
Signed _____ Date _____