



Office Use Only
Date Received _____
Completed _____

PARTICIPANT ANNUAL INFORMATION FORM

The RECing Crew requires that an Annual Information Form **be completed yearly in order to participate in programs.** PLEASE PRINT and return this form to: The RECing Crew, P.O. Box 7124, North Augusta, SC 29861.

Call (803) 426-1284 or email therecingcrew@comcast.net with any questions.

General Information

T-Shirt Size _____

Name: _____ Birthdate: _____ Age: ____ Gender: M ___ F ___

Address: _____ City: _____ State: _____ Zipcode: _____

County: _____ Home Phone: _____ Cell Phone: _____ Email: _____

School/Employer/Agency: _____ Year started with The RECing Crew: _____

Mother's Name: _____ Cell Phone _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact

Please give the name of a relative or friend who can respond for your family member in case of an emergency when you cannot be reached.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Give the name of a doctor who can be called for your family member should emergency care be necessary and you cannot be reached.

Doctor: _____ Phone : _____

Medical Information

Primary Disability: _____ Secondary Disability: _____

Down Syndrome? ___ Yes ___ No

If yes, checked for Atlanto-Axial Subluxation Condition? _____ Condition Cleared? _____

Check which ones apply: Wheelchair (manual___ electric___) Deaf/Hard of hearing___

Visual Impairment ___ Non-Verbal ___ Sign Language ___ Close Supervision___

Seizures___ If Yes, Frequency_____ Last Seizure_____ Type_____

Visual Impairment ___ Non-Verbal ___ Sign Language ___ Close Supervision___

Canes/Walkers_____ Asthma_____

Medications:

Medication Name	Amount	Dosage

Allergies:

Allergies	Details	Treatment

Recent surgeries_____

Are there any precautions that we should be aware of?_____

Do you require any adaptive equipment to participate? YES___NO___Not sure___

If so, please describe:_____

Demographics – Grants help us keep the cost of programs down. Some of our grant applications require that we provide demographic information on the families/participants that use our services. This information is used for grant purposes only. This section is optional.

<p>Ethnicity: Check all that apply</p> <ul style="list-style-type: none"><input type="checkbox"/> I do not wish to furnish this information<input type="checkbox"/> Hispanic or Latino<input type="checkbox"/> Not Hispanic or Latino <p>Race:</p> <ul style="list-style-type: none"><input type="checkbox"/> American Indian or Alaska native<input type="checkbox"/> Native Hawaiian or Other Pacific Islander<input type="checkbox"/> Asian<input type="checkbox"/> White<input type="checkbox"/> Black or African American
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PARTICIPANT SIGNATURE or Parent/Guardian (if under 18)

DATE

Behavior Code

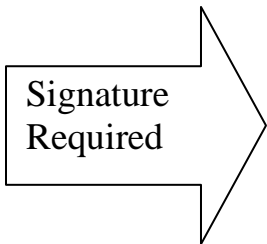
The RECing Crew promotes the concept of “equal fun for everyone” and strives to accomplish this belief through our program. However, certain rules are necessary to ensure everyone’s safety and enjoyment.

Crew Members, volunteers and parents are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to make The RECing Crew programs safe and enjoyable for everyone. Crew Members, volunteers and parents shall:

- Show respect to all Crew Members, volunteers and parents
- Listen to and comply with staff direction and program rules
- Allow others in the program and others at public facilities to enjoy the activity without disruption (within reason)
- Refrain from using foul language or other offensive behavior such as offensive gestures, sexually explicit language, or inappropriate touching
- Refrain from causing bodily harm or offensive physical contact to other Crew Members, Volunteers, or Parents
- Demonstrate respect for equipment, supplies, and facilities
- All Families, Caregivers, House Staff & Respite Workers are responsible for your participant at all times.

Discipline

The RECing Crew applies a caring, positive approach to discipline. We will review rules with participants and are willing to work with parents to develop behavior modification programs as necessary. When conduct expectations are not met, we will take reasonable steps to accommodate the behavior and minimize future risks. However, when accommodations are attempted and are unsuccessful, or when no reasonable accommodation exists to avoid future risks, The RECing Crew may take actions such as removing a participant from an activity for a short period of time, removing a participant from an activity the remainder of the day, suspending participation for the next program meeting, or suspending participation in that program for the remainder of the season. Notwithstanding The RECing Crew’s option to use progressive discipline, The RECing Crew is not required to do so and may, in its sole discretion, forego lesser forms of discipline at any time and proceed immediately with suspending participation for the remainder of the season.



I have read and understand the Code of Conduct & Discipline for The RECing Crew:

Participant’s Name (PLEASE PRINT)_____

Participant's Signature_____

Parent/Guardian (if 18 years or younger)_____

Date_____

Waiver & Picture Release Form

IMPORTANT INFORMATION

The RECIing Crew is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The RECIing Crew 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.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

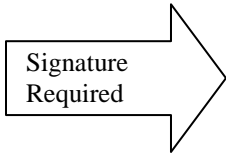
Recreational activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. Participants must understand that certain risks, dangers, and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, in supervision, premises defects, and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for The RECIing Crew 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 it and participating in The RECIing Crew activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or losses 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.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume that 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 RECIing Crew, including its staff, volunteers, and employees (hereinafter collectively referred as The RECIing Crew). I do hereby fully release and forever discharge The RECIing Crew from any and all claims for injuries, damages, or losses 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, Waiver, and Release of All Claims and Assumption of Risk. If registering a minor participant, I further attest that I have read the above to my minor child/ward. If registering by fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.



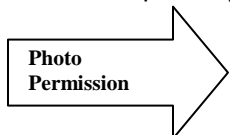
Participant's Name: _____ (Print)

Participant's Signature: _____ Date _____

(18 years or older or Parent/Guardian)

Participation will be denied if the signature of participant or parent/guardian is not on this waiver

PERMISSION TO PHOTOGRAPH AND GATHER ADDITIONAL INFORMATION Unless otherwise indicated in writing at the time of registration, photographs of participant may be taken and used for Association publicity. I grant permission to The RECIing Crew to release information from my registration form and gather additional information from professionals that would possibly enhance the participant's recreational involvement. All information will be kept confidential.



Participant's Signature : _____

Program Registration Form 2013-2014

P.O. Box 7124, North Augusta, SC 29861 Phone:803-426-1284 Email:therecingcrew@comcast.net
 web site: www.therecingcrew.com

Participant Name: _____ Age: _____ Birthdate: ____ / ____ / ____
 Sex: ____ Race: ____ (for statistical purposes only)
 Address: _____ City: _____ State: ____ Zip: ____
 Home Phone #: (____) _____ County: _____
 Father/Guardian Name _____ Cell# _____ Work# _____
 Mother/Guardian Name _____ Cell# _____ Work # _____

T-shirt Size:
 Adult or Child SM Med LG XL 2XL 3XL 4XL

Is this a new address? Yes No
 Are you a new participant? Yes No
 May we contact you via e-mail? Yes No
 PLEASE PRINT EMAIL CLEARLY _____

Please fill out the section below to participate in one of our Programs. *Cruisers **MUST RSVP** for each event to participate. See program flyer for detailed information. **Miracle League games at VA Hospital on Wrightsboro Road.

Help us GO GREEN!
You can get your Program Fliers at
www.therecingcrew.com

Program	Registration Deadline is :	To participate please check this column	Check for email Fliers	Check for Fliers to be mailed
Alley Cats - Aiken	9-3-13			
Alley Cats - North Augusta	9-3-13			
ART-ability Studio	9-3-13			
Crew Chorus	9-3-13			
Cruisers*	9-3-13			
Jazzercise	9-3-13			
Miracle League Fall**	Opening day			
Miracle League Spring**	Opening day			
T-RecS-Basketball North Augusta (Fall)	9-7-13			
T-RecS - Basketball Columbia County (Fall)	9-7-13			
T-RecS-Baseball North Augusta (Spring)	3-1-14			
T-RecS - Baseball Columbia County (Spring)	3-1-14			