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| Office Use Only | |
| Date Received | _____ |
| Completed | _____ |
| Flyers Received | _____ |
| Scanned MR | _____ |
| MailChimp | _____ |

The REcing Crew

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 info@therecingcrew.org** 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.

Ethnicity: Check all that apply

- I do not wish to furnish this information
- Hispanic or Latino
- Not Hispanic or Latino

Race:

- American Indian or Alaska native
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Black or African American

PARTICIPANT SIGNATURE or Parent/Guardian (if under 18)

DATE

Behavior Code

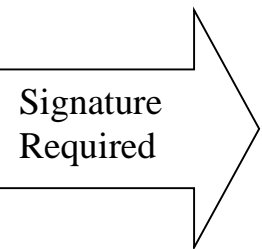
The RECing Crew promotes the concept of “equal fun for everyone” and strives to accomplish this belief through our program. However, certain rules are necessary to ensure everyone’s safety and enjoyment.

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 RECing Crew is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The RECing 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. Parents, Guardians, Caregivers, House Staff and Respite Workers are solely responsible for your child/ward at all times. Therefore, you are expected to remain at and be visible during the program/event they are participating in.

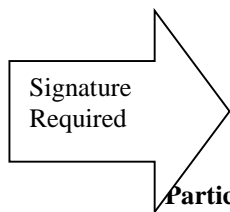
WARNING OF RISK

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, and 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 RECing 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 up and participating in the program/activity, 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.

1. 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.
2. I, binding my heirs, executors, personal representatives, administrators and assigns further agree to release and **HOLD HARMLESS** The RECing Crew, The City of Aiken, Aiken County, City of North Augusta, North Augusta Parks, Recreation, and Tourism, and Columbia County Recreation Department including their officials, agents, staff, Board of Directors, volunteers and employees (*hereinafter collectively* referred as The RECing Crew) from any and all claims of bodily injuries, personal injuries, death, property damages, or loss that may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity whether caused by negligence of The RECing Crew or its officers, directors, employees, or agents or otherwise.
3. In the event of an emergency, I understand and authorize The RECing Crew staff and officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment of any and all medical services rendered.
4. I understand that The RECing Crew will photograph/videotape the events or activity in which my minor child/ward or myself for the purpose of promoting/advertising The RECing Crew and its services/programs/activities. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child/Ward) at this time or in the future for the use of such photograph/videotape.
5. 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, my facsimile signature shall substitute for and have the same legal effect as an original form of signature.

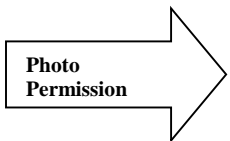


Participant's Name: _____ (Print)

Participant's Signature: _____ Date _____
(18 years or older or Parent/Guardian)

Participation will be denied if the signature of participant's 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 RECing 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 : _____ Date _____

10/15

Program Registration Form 2016-2017

P.O. Box 7124, North Augusta, SC 29861 Phone: 803-426-1284 Email: info@therecingcrew.org

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 or more of our Programs. All participants **MUST** complete yearly Registration Forms by Sept. 30th *before* participating. To be considered an **Active Member** you must participate in 50% of that programs activities. (*Active Members will be invited to our Annual Christmas Party & Awards Ceremony.*) *Cruisers **MUST RSVP** for each event to participate. See program flyer for detailed information. **Miracle League games at VA Hospital on Wrightsboro Road.

| Program | Will participate | Check for email Fliers | Check for Fliers to be mailed |
|---|------------------|------------------------|-------------------------------|
| Alley Cats - Aiken | | | |
| Alley Cats - North Augusta | | | |
| ART-ability Studio - Aiken | | | |
| ART-ability Studio - Georgia | | | |
| ART-ability Studio - North Augusta | | | |
| Ballet Tout le Monde, Columbia County | | | |
| Crew Chorus | | | |
| Cruisers* | | | |
| Dance - North Augusta School of Dance | | | |
| Dance - Center Stage Dance Academy | | | |
| Jazzercise | | | |
| Miracle League Spring** | | | |
| T-RecS-Baseball - Aiken (Spring) | | | |
| T-RecS-Basketball - Aiken (Fall) | | | |
| T-RecS-Baseball - North Augusta (Spring) | | | |
| T-RecS-Basketball - North Augusta (Fall) | | | |