



# The REcing Crew

## PARTICIPANT ANNUAL INFORMATION FORM REGISTRATION FEE: \$25.00

### Office Use Only

Date Received \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Completed \_\_\_\_\_

Flyers Received \_\_\_\_\_

Scanned MR \_\_\_\_\_

MailChimp \_\_\_\_\_

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, 516 Georgia Avenue, North Augusta, SC 29861. Call 803-426-1284 or [email info@therecingcrew.org](mailto:info@therecingcrew.org) with any questions.

### General Information

T-Shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

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**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

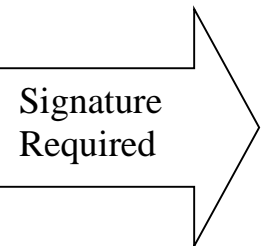
The RECIing Crew promotes the concept of “equal fun for everyone” and strives to accomplish this belief through our program. However, certain rules are necessary to ensure everyone’s safety and enjoyment.

Crew Members, volunteers and parents are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to make The RECIing 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 RECIing 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 RECIing 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 RECIing Crew’s option to use progressive discipline, The RECIing 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 RECIing 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.

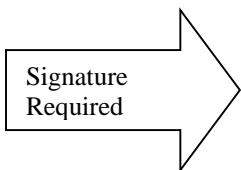
## WARNING OF RISK

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.

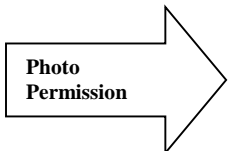


Participant's Name: \_\_\_\_\_ (Print)

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 \_\_\_\_\_

06/17

# Program Registration Form 2018-2019

516 Georgia Avenue, North Augusta, SC 29861 Phone: 803-426-1284 Email: [info@therecingcrew.org](mailto:info@therecingcrew.org)  
 web site: [www.therecingcrew.com](http://www.therecingcrew.com)

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sex: \_\_\_\_ Race: \_\_\_\_ (for statistical purposes only) **Registration Fee: Paid:**  Yes  No. Check # \_\_\_\_\_  
 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	Email Flyers	Mail Flyers
<b>Alley Cats - North Augusta</b>			
<b>ART-ability Studio - Georgia</b>			
<b>ART-ability Studio - North Augusta</b>			
<b>Ballet Tout le Monde, Columbia County</b>			
<b>Crew Chorus</b>			
<b>Cruisers*</b>			
<b>Dance - Dream Dance Academy, Aiken</b>			
<b>Dance - North Augusta School of Dance</b>			
<b>Dance - Center Stage Dance Academy</b>			
<b>Greuble's Mixed Martial Arts</b>			
<b>Gymnastics Gold</b>			
<b>Jazzercise</b>			
<b>Miracle League Spring**</b>			
<b>T-RecS-Baseball - Aiken (Spring)</b>			
<b>T-RecS-Basketball - Aiken (Fall)</b>			
<b>T-RecS-Baseball - North Augusta (Spring)</b>			
<b>T-RecS-Basketball - North Augusta (Fall)</b>			