



County of Sacramento
 Department of Regional Parks
Therapeutic Recreation Services
 5325 Engle Rd. #810, Carmichael, CA 95608
 916.484.2044 ♦ FAX 916.484.2041 ♦ TRS@SacCounty.net
 TTY through CRS 800-735-2929



Participant Enrollment Form (Required for all participants)

Please type or print legibly

(Complete both sides of form as accurately and thoroughly as possible)

Name _____ Age _____ Birthdate _____ M / F

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Do you prefer to have program calendars and flyers sent via: Email US Postal Service Both

Emergency Contact: Name _____ Phone _____ Relationship _____

Living Situation: Independent Family Assisted Living Group/Care Home Other _____

Care Home or Supported Living Program: _____ Contact Person: _____

Counselor/Caseworker/Conservator: _____ Phone: _____

Disability/Medical Condition(s) (List All): _____

Please describe any physical condition requiring special attention by staff: _____

Allergies: Yes No Please list: _____

Seizures: Yes No Date of last Seizure: _____ Type: _____ Duration: _____

Frequency _____ Warning Signs: _____

List any psychological conditions (i.e. depression, OCD, etc.): _____

****Behavior Alert:** Aggressive Wanders Disruptive Other _____

Describe Behavior(s): _____

Dietary Restrictions (list): _____

Communication: Verbal Non Verbal ASL Comm. Board Other _____

Toileting: Independent Reminders Assistance Diapers Catheter

Mobility: Independent Walker Wheelchair Manual Electric Other _____

Money: Independent Assistance Staff Held Check One

Name of Day Program, Job Site, School, or Workshop: _____

Special Interests, hobbies, community activities, or volunteer exp: _____

Transportation used to and from recreation activities: Family Care Home Paratransit
 Regional Transit Other _____

Please Complete Other Side

THIS AREA MUST BE COMPLETED IN ORDER TO ATTEND TRS PROGRAMS.

◆ Medical Authorization

In the event of an accident or other emergency requiring medical or surgical care and/or treatment while _____ is participating in Therapeutic Recreation Services (TRS) programs, TRS staff will make reasonable efforts to call the primary and emergency #'s listed on the program registration form. If TRS staff is unable to reach the responsible party, I hereby authorize a representative of TRS to make such arrangements, as he/she considers necessary for the above-named individual to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named below to undertake such care and treatment, as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto.

_____/_____/_____
Physician Address Phone

_____/_____
Health Insurance Carrier Medical Record #

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

_____/_____/_____/_____
Printed Name Signature Relationship Date

◆ Media Release (optional)

I specifically grant permission to the County of Sacramento to use the likeness, voice and words of the above-named individual for the promotion of Therapeutic Recreation Services programs. All photos, film, etc. will remain the property of TRS and may be used for publicity or promotion purposes only.

_____/_____/_____/_____
Printed Name Signature Relationship Date

**County of Sacramento
Therapeutic Recreation Services (TRS)**

Name and date(s) of Activity

ASSUMPTION OF RISK, AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the TRS to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the County of Sacramento, its governing Board, TRS, its officers, directors, employees, agents and volunteers from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the County of Sacramento, its governing Board, TRS, its officers, directors, employees, agents and volunteers free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant the TRS permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby grant consent that my son/daughter, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS DOCUMENT CONSTITUTES A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TRS, AND I EXECUTE THIS RELEASE OF MY FREE WILL.

Signature

Name (Printed)

Date

THERAPEUTIC RECREATION SERVICES (TRS) PARTICIPANT CODE OF CONDUCT

Therapeutic Recreation Services (TRS) is a community-based organization dedicated to providing recreation opportunities for individuals with disabilities. Participation in TRS programs requires following the organization's rules and procedures.

Each participant (along with staff, volunteers, and parents) contributes to the success of this program. Below is an outline of expectations that we ask of all participants, their parents/guardians/care providers, and program staff, in order to maintain a safe, respectful, and fun environment for everyone involved. Any participant who violates this Participant Code of Conduct is subject to consequences. TRS will implement the consequences deemed appropriate, including warning or expelling the offender from the program, with no refund, if applicable. For more serious behavior, TRS may, in its reasonable discretion, temporarily ban or permanently expel a participant from the TRS community.

TRS and the County of Sacramento have established this Participant Code of Conduct to provide guidelines of behavior to participants. These guidelines are to ensure that all participants understand what behavior is expected, and what behavior will not be tolerated at a TRS event. Anyone asked to stop unacceptable behavior is expected to comply immediately. TRS and the County of Sacramento expect all participants to follow this Participant Code of Conduct at all events. This includes all related virtual communities and social media.

As a TRS participant, I agree to meet these expectations:

- I will treat myself, my peers, and TRS staff/volunteers with respect.
- I will not use bad language (such as profanities and slurs) or insult other persons.
- I will not fight with other participants, volunteers, or staff.
- I will plan ahead for personal needs so that I can arrive on time and participate fully in all activities.
- I will challenge myself to learn and advocate for my needs, including asking for help or accommodations when I need it.
- I will follow staff, volunteer, and guest instructions and raise concerns respectfully.
- I will treat TRS property and the physical environment with respect and care.

I take responsibility for my actions, including:

- I will not make inappropriate or unwanted physical, verbal, or sexual advances on others.
- I will not smoke in non-smoking areas.
- I will not drink alcohol or use illegal drugs at TRS events.
- I will obey all laws and TRS rules.

What are the consequences if I do not meet expectations of the program?

- Staff will give me a verbal warning regarding behaviors and actions that are not allowed. In most cases I will have an opportunity to correct the behavior. Depending on the behavior, they may also contact my parent or guardian.
- In some cases, staff may discuss with me and require me to sign a corrective action plan in order to stay in the program.
- Some behaviors may result in immediate suspension or termination from TRS programs.
- Following a clear warning, if I persistently show inappropriate behavior, I may face dismissal from a program, suspension, or complete removal from TRS.

The following may result in being dismissed from the program:

- Bullying, harassing or using derogatory language towards another person or group of people.
- Sexually predatory behavior, such as following, stalking, inappropriate comments and/or leering at another person.
- Publicly touching yourself in a sexual manner.
- Touching another person in a physically or sexually aggressive manner.
- Possessing or being under the influence of alcohol, drugs or weapons.
- Leaving the program area without permission from a staff member.

- Inappropriate photography or recording.
- Taking photos at a program for use on social media without permission of people involved.

By signing this document, I am saying that:

- I have read (or have had read to me) the Participant Code of Conduct.
- I agree to obey this Participant Code of Conduct.
- I understand the words and meaning of the Participant Code of Conduct.
- I understand that this Participant Code of Conduct is a general guide for my conduct and does not describe all types of behavior.
- I understand that if I do not obey this Participant Code of Conduct, TRS may not allow me to participate.

WHAT TO DO IF YOU WITNESS OR ARE SUBJECTED TO UNACCEPTABLE BEHAVIOR

Speak up if you observe anything at an event that conflicts with this Participant Code of Conduct. If you are being harassed or feel uncomfortable, notice that someone else is being harassed, or have any other concerns, please contact a member of the TRS staff immediately. TRS staff will be available to assist those experiencing unacceptable behavior to feel safe for the duration of the program. All reports will remain completely confidential.

Signature of Adult Participant without Legal Conservator/Guardian

Date

Print Name

Signature of Parent or Legal Guardian/Conservator
(for participant under age 18 or Subject to Legal Conservator/Guardian)

Date

Print Name

For Adult Participants that require assistance: I hereby certify that I have reviewed this Code of Conduct with the participant and am satisfied, based on that review, that the participant understands this Code of Conduct and has agreed to its terms.

Print Name

Signature

Date