



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](mailto: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 Circle 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 \_\_\_\_\_

**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

**◆ Liability Release**

See separate release form (must be signed annually and on file in order to participate in TRS activities)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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)**

**Enrollment Form  
Parental/Guardian Consent, Release and Waiver of Liability,  
and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in various TRS activities, I \_\_\_\_\_, (fill in name of participant) for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the County of Sacramento, and TRS, their officers, employees, agents and volunteers **from any and all claims; including the negligence of** the County of Sacramento, and TRS, their officers, employees, agents and volunteers, and including but not limited to my negligence or the negligence of third parties resulting in personal injury, accidents or illnesses (including death), and personal property loss arising from, but not limited to, participation in various TRS activities.

**Indemnification and Hold Harmless:** I also agree to **indemnify and hold harmless** the County of Sacramento and TRS, their officers, employees, agents and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in various TRS Activities and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver of liability, assumption of risks and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**IMPORTANT:**

**THIS DOCUMENT RELIEVES THE COUNTY OF SACRAMENTO AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE.**

**I HAVE READ THIS WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THE AGREEMENT FREELY AND VOLUNTARILY, AND INTEND BY MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
PRINT NAME(S)  
(Participating Adult  
or Parent/Guardian/Conservator  
on behalf of a non-adult participant)

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME  
(Minor Participant)