GREENSBORO Parks & Recreation

Greensboro Parks and Recreation Department
Participant Registration & Waiver Form

336-373-2558
www.GSOParksandRec.com

Participant Information

First Name: _____ Last Name: _____ DOB: ___/___/___

Mailing Address: _____ City: _____ St: ____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other Phone(s): _____

Email Address: _____ ☐ Male ☐ Female

☐ City of Greensboro Resident ☐ Guilford County Resident ☐ Non-Guilford County Resident

Accessibility Accommodation Request: The City of Greensboro Parks & Recreation Department welcomes the participation of all individuals, including those with disabilities or special needs, and is committed to complying with the ADA by providing reasonable accommodations to facilitate participation in programs. To ensure that accommodations are in place, requests should be received at the time of registration. If you require assistance, please call 336-373-2558. Do you need a modification because of a disability or concern to enjoy this program? ☐ Yes ☐ No If, yes, please specify the type of accommodation._____

_____

Medical Information: Please provide applicable information for any medical conditions that we should be aware of (allergies, special concerns, medications, etc.). Additional space on back: _____

How did you hear about us? ☐ Word of Mouth ☐ Flyers/Posters ☐ Social Media ☐ City Website ☐ Email ☐ Other_____

Primary Guardian Information

First Name: _____ Last Name: _____ DOB: ___/___/___

Home Phone: _____ Cell Phone: _____ Other Phone(s): _____

Email Address: _____ ☐ Male ☐ Female

Secondary Guardian Information

First Name: _____ Last Name: _____ DOB: ___/___/___

Home Phone: _____ Cell Phone: _____ Other Phone(s): _____

Email Address: _____ ☐ Male ☐ Female

Emergency Contacts

Name: _____ Relation: _____ Phone(s): _____

Name: _____ Relation: _____ Phone(s): _____

Name: _____ Relation: _____ Phone(s): _____

Program Details

Location _____ Term/Date(s) _____

Program _____

Waivers

Release and Indemnity Agreement: I understand that participating in the class(es) or program(s) selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks. By signing the registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, acquit, waive and forever discharge any legal rights I may have to seek payment or relief of any kind from the City of Greensboro, its officers, employees, agents or its volunteers for injury, illness, death or property loss resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participant in the program. I also agree not to sue the City, its officers, employees or agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program. Permission is given for any emergency medical treatment which might become necessary and I agree to be responsible for the expense of medical treatment or service.

Image Release: I, the undersigned, hereby consent to allow the exclusive use of, and relinquish all rights to, photographs, recordings and reproductions in any manner (including but not limited to the use of photos, video and audiotapes) of the likeness, voice, and/or activities of the participant and further authorize the City of Greensboro, its agents or assigns, to make unlimited use of such reproductions, including but not limited to print and/or electronically, broadcasting of the reproduction over radio, television, and on the internet with or without your name for any lawful purpose. I acknowledge that no compensation will be provided for such use by the City. I understand that this Release shall remain in effect unless a subsequent written notification is provided to the City.

☐ ***I do not give photo permission.***

Non-Discrimination Policy: It is the policy of the City that the City will not discriminate on the basis of sex, race, gender, color, ethnicity, national origin, age, familial status, marital status, military status, political affiliation, religion, physical or mental disability, genetic information, sexual orientation, gender expression, or gender identity in authorizing or making available the use of city facilities or in the delivery of city programs, services or activities.

The City of Greensboro recommends that all participants complete an annual physical and consult a health care professional to assess their ability to participate in the athletic program(s).

_____

Signature Date

(Of participant if over 18 OR parent/guardian is participant is under 18)

A.I.R. | Adaptive & Inclusive Recreation

WINTER & SPRING 2020

PROGRAM AND TRANSPORTATION POLICIES

All participants must adhere to the following:

1. All registration fees must be paid 7 days in advance unless otherwise noted in order to secure placement in the program/trip.
2. If a trip reservation requires prepayment, the tickets are non-refundable. (Ex: Biltmore)
3. For the safety of all participants, please stay with the group for the entire trip/program. If an emergency arises please notify a staff member.

Transportation:

1. If you utilize transportation, you MUST call and cancel transportation 24 hours in advance if you are not able to attend. AIR Transportation: 336-373-2626
2. Pick up times will vary depending on the route and time of the scheduled activity. Bus route normally starts at 8 am. Be ready!
3. Participants will be picked up and dropped off at their registered residence. We are not able to drop you off at another location.

I have read and will adhere to the policies:

▶ **Signature:** _____ **Date:** _____

TRANSPORTATION

Cancellation:
You MUST call 336-373-2626 at least 24 hours in advance of program.

Inclement Weather:
If Guilford County Schools are delayed or canceled, programs will be canceled.

Inclement Weather Hotline:
336-373-7940 or
336-373-2626

PROGRAM REGISTRATION: *Please check the box for each event that you will attend.*

MONDAYS	FRIDAYS	SPECIAL EVENTS / DAY TRIPS			
☐ Social Hour	☐ Chair Fitness	☐ U.S. Figure Skating Championship		☐ Bus Tour of High Point	
TUESDAYS	**SATURDAYS**	☐ CAN-NC, Bell Campus		☐ Fishing at Lake Higgins	
☐ Tues. Bowling **$2**	☐ *Bowling **$32**	☐ Amtrak Ride/Lunch	**$10**	☐ Biltmore House, Asheville	**$60**
OTHER PROGRAMS		☐ Gboro Cultural Center Concert		☐ Bicentennial Garden Tour	
☐ *Adaptive Golf Clinics		☐ Fox 8 Studio Tour/Lunch	**$3**	☐ Movie Day	
☐ *PGA H.O.P.E.		☐ Bus Tour of Greensboro		☐ Adaptive Golf Clinic/Lunch	
☐ *Gate City Wheelers		☐ Old Salem Bake Shop/Marketplace Mall	**$3**	☐ Farmer's Mkt/Moose Café	
☐ *Veteran Archery Clinic		☐ University Galleries		☐ Spring Picnic, Keeley Park	**$3**
		☐ Lazy 5 Ranch/Lunch	**$10**		

Notice: PRE-REGISTRATION IS REQUIRED FOR ALL PROGRAMS.Some programs and special events have limited spaces. Registration is on a "first come, first served" basis.

Some of A.I.R.'s programs listed in the newsletter are suggested for certain age groups and disability classifications. However, we will make reasonable accommodations for any individual who desires to participate in a program. The City of Greensboro shares the goals of the Americans with Disabilities Act, which protects qualified individuals with disabilities from discrimination on the basis of disabilities and provides for equality of opportunity in the services, programs and activities of the City.

TRANSPORTATION REGISTRATION: *Selected programs offer transportation for individuals who live within City limits, based on space available. For programs with an *, transportation is not provided.*

1. Would you like to sign up for transportation? ☐ Yes ☐ No
2. Do you utilize a wheelchair? ☐ Yes ☐ No
3. If so, can you transfer independently? ☐ Yes ☐ No

Use one form per person. Make checks payable to "City of Greensboro". MAIL OR BRING YOUR REGISTRATION FORM & FEE TO A.I.R.'s OFFICE AT 1001 FOURTH STREET, GREENSBORO, NC 27405. YOU CAN REGISTER ONLINE AT WWW.GREENSBORO-NC.GOV/AIR.