



EAU CLAIRE PARKS & RECREATION

PAR-TE-REC

Wednesdays, September 26, 2018-April 24, 2019
6:00 pm-8:00 pm
Hobbs Ice Arena



Fall/Winter 2018-19 Participant Registration

REGISTRATION (choose one):

PAR-TE-REC: AGES 18+ (WEDNESDAY)

\$3 PTR Daily Registration (add me to the Par-te-Rec List, I will pay at the door)
FSPPR-101HB

\$57 Season Pass Registration (full payment enclosed)
PTR Season FSPPR-201HB

\$90 Transportation Package (includes season registration and transportation- must live within City of EC limits)
PTR Transportation Package FSPPR-101TR

PARTICIPANT INFORMATION: All information is confidential.

Please print clearly.

Please note: We do not administer medication during program hours. Please make arrangements.

First Name: _____ Last Name: _____ Participant Telephone # _____

Date of Birth: _____ Chronological Age: _____ Developmental Age: _____ (Circle One) Male or Female

Participant Address: _____ City: _____ State: _____ Zip: _____

E-mail Address (required, please print clearly): _____

Does the participant live within Eau Claire city limits? (Circle One) Yes No

Disability & related medical conditions (please be specific such as type of seizure and warning signs): _____

Independent Toilet Skills (Circle One): Yes No Can be moved from wheelchair for transportation (if applicable): Yes No

Behavioral Considerations:

Describe behavioral concerns/issues: _____

Please list calming or de-escalating activities that work best for the participant: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Telephone (H/Cell): _____ (W): _____

Address: _____ City: _____ State: _____ Zip: _____

(if different from participant's address)

E-mail Address (required, please print clearly): _____

Emergency Contact: _____ Telephone: _____

I understand participation in Parks and Recreation programs involves an element of risk or danger for all participation and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the City of Eau Claire, its employees, and other participants from any liability, for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation.

Parent/Guardian Signature _____ Date _____

Payment Information (Make checks payable to: ECPR)

Cash Check # _____ Money Order American Express Discover Master Card Visa

Cardholder Name: _____ Card #: _____

Expiration Date: _____ (MM/YY) Billing Zip Code: _____

NOTE: Credit card information is shredded after registration is complete.