



# T-REC Coalition of Sarasota County Registration Form

Participant's First Name _____	Participant's Last Name _____	Birth Date ____/____/____
Address _____	City, Zip _____	Home Phone _____
Email _____	Agency / Group Home / School (if applicable) _____	
Emergency Contact Name _____	Relationship _____	Phone _____

In consideration of participation in the **T-REC Coalition of Sarasota County** program, I hereby, for myself, my heirs, executors and assigns, do waiver and release any and all claims and right for claims for damages I may have against Sarasota County Parks and Recreation, sponsoring agencies and advertisers used to conduct the event and other unnamed, for any and all injuries suffered by me as a participant in the **T-REC Coalition of Sarasota County** program. If I should suffer any injuries or illness, I authorize the official of the program to use their discretion to have me transported to a medical facility and I take full responsibility for such action.

In addition, I hereby authorize the use of any photographs, motion pictures, videos, or other materials related for publicity, promotional or news purposes by the various media as authorized by the official of the **T-REC Coalition of Sarasota County** program.

Parent or Guardian Printed Name _____	Parent or Guardian Signature _____	Date ____/____/____
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**Please fill out this form completely for each individual registration and return it by any of the following methods:**

**Mail to:** Twin Lakes Park  
Attn: Therapeutic Recreation  
6700 Clark Road  
Sarasota, FL 34241

For further information about T-REC, contact Andrea King at 941-486-2781 or visit us at [www.scgov.net](http://www.scgov.net)

**Email to:** [alking@scgov.net](mailto:alking@scgov.net)

**Fax to:** 941-486-2324

