



Activity Guidelines



1. The purpose of DIGS leisure opportunities is to provide enjoyable activities and social interaction for adults, 18+ with developmental challenges.
2. We strive to increase community awareness and understanding by promoting the positive aspects of people with developmental challenges.
3. Regular attendance is encouraged.
4. Transportation will be provided by parents, guardians or caregivers or others designated by them.
5. Any misbehavior which interferes with the purpose of the group/activity may result in exclusion from a group/club meeting(s), retreat(s) or performance(s). In the unlikely event of extreme and/or continuing misbehavior, expulsion may be necessary as deemed by leadership.
6. To support the needs of the activities and further the mission of DIGS, Inc. donations may be requested.



Developing Independence
Growth & Security

Member Registration Form

Co-Sponsored by



Member Name _____ Date _____

Birth Date _____ T-shirt size _____

Parent/Guardian _____

Address _____ City, State _____ Zip Code _____

Email _____

Phone _____ Cell _____

Other emergency contact information:

Name _____ Relationship _____

Best way to contact (phone, email, text) _____

List any problems we should know about (seizure, medication, allergies, sensory or behavior issues etc.) _____

I certify that I am in good health and physical condition, and have no medical problems which would affect my ability to participate. I understand DIGS makes every effort to provide a safe environment but certain activities may inherently have opportunities for injury. I agree to release, indemnify and hold harmless DIGS, Inc., Rome-Floyd Parks and Recreation Authority, Network Day Service Center or City of Rome and their respective agents and employees, from all actions, liability, causes of actions, damages, or claims which I may incur. I agree to be responsible for my own safety and will notify leadership of anything believed to be hazardous. I further authorize RFPRA/DIGS, Inc. to seek emergency treatment if deemed necessary and I assume the costs for such treatment.

Member's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____



Media Release Form



Co-Sponsored by

**Rome-Floyd
Parks & Recreation
Authority**

DIGS, Inc. would like to take photographs and videos of our members while participating in our leisure opportunities. These pictures/videos may be shared in a variety of ways:

1. For the enjoyment of other members and families.
2. With the sponsors of the activities, DIGS, Inc., and Rome-Floyd Parks & Recreation Authority, and /or newspapers/media.
3. With the community to promote awareness of the positive aspects of people with disabilities.
4. In material to promote the mission of DIGS, Inc., such as but not limited to informational brochures, our website, social media and fundraising efforts.

With the understanding of the above, I give my permission to be photographed and/or videoed and allow photos/videos to be used for the enjoyment of other members and families, with the sponsors of DIGS, Inc. and Rome-Floyd Parks & Recreation Authority, and in material representing DIGS, Inc., such as but not limited to programs, performances, exhibits, website and/or social media, with the community to promote awareness of the positive aspects of people with disabilities, in material to promote the mission of DIGS, Inc., such as but not limited to informational brochures and fundraising efforts.

Member's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____