HOW TO GET INVOLVED:

△ Completely review, fill in and sign this packet. Packets will not be accepted at the VCMRC office until all information is completely filled in. You may be asked to come back to the VCMRC office in order to fill in missing areas.

△ Have your doctor’s office, or school, fax us a note from a medical professional stating participant’s primary diagnosis and date of diagnosis.
  ○ Fax Number: 281.487.2062

△ Turn in the completed packet to the Verne Cox Multipurpose Recreation Center office, for approval. Packets will not be accepted until all areas are complete.

△ Please allow up to 30 days, from the date you turned in the completed packet (including diagnosis note), for the VCMRC staff to contact you regarding your completed information. If approved, the VCMRC staff will schedule an in-take meeting, for the new participant, with a Recreation Therapist.
  ○ The VCMRC must have the completed packet AND an approved diagnosis note (faxed from a medical professional) in order to begin the review process.
  ○ For your records, your in-take meeting is schedule for: ________

PARTICIPANT INFORMATION PACKET
Eligibility Criteria; Rules of Conduct Policy; Mandated Reporters; Participant Information Form; Waiver and Release of Liability; Media Release; Permission To Leave Criteria; Missed Program Policy and Inclusion Policy
Eligibility Criteria

Mission:
To provide affordable recreation programming, innovative therapeutic recreation services and an outlet to promote healthy use of leisure time for individuals with an intellectual and/or physical disability.

Discussion
- Must have a primary diagnosis of an intellectual and/or physical disability as shown by a diagnosis note from a medical professional or school. VCMRC staff reserves the right to confirm submitted information as needed.
- Must be able to independently perform activities of daily living (ADLs) in order to attend the center without Center Staff, Aide or Parent/Guardian assistance or supervision.
  - Examples of these independent ADLs are as follows (but not limited to): eating, dressing, using the restroom, transitioning/moving from one activity/room to another, etc.
- If Participant requires one to one assistance, Parent/Guardian (or Aide) must attend with, provide assistance/adaptations for and supervise participant at all times while at the center. Parent/Guardian (or Aide) must remain with participant at all times.
  - If individual is attending as a group home, or an organization that brings 3 or more clients, we request a 4 participant to 1 staff ratio at all times.

Participant Registration
Demographics and signatures requested within this packet are required furthermore; Verne Cox Multipurpose Recreation Center’s Certified Therapeutic Recreation Specialist (CTRS) will conduct a mandatory in-take meeting for participants, where upon approval, participant will receive facility privileges and option to register for available programs.

Personal information provided is strictly confidential and will not be shared or distributed to additional parties outside of authorized City personnel.

Transportation
The Verne Cox Multipurpose Recreation Center does not provide transportation to or from the center. Participant (or Parent/Guardian) is responsible for transportation arrangements. Transportation applications, for free transportation, are available through the Harris County Taxi RIDES program or through the American Red Cross.

Rules of Conduct Policy

Behavior Policy
In order to maintain a positive and productive environment for participating individuals, it is crucial that conduct is consistent, according to the Behavior Policy. Unacceptable conduct includes, but is not limited to the following:
- Endangering the health and safety of self, other participants, patrons or staff
- Disrupting a program or creating a disturbance
- Continuous refusal to follow program and/or facility rules and guidelines
- Use of verbal harassment, profanity, vulgarity, obscenity or racial slurs
- Blatant disrespect of staff and program or facility rules and guidelines
- Damage, vandalism or theft of facility, equipment or supplies

In the event that a participant is in non-compliance with the Behavior Policy, necessary steps will be executed, as discussed below. Fees submitted are nonrefundable to participants suspended/terminated from a program, league or facility due to violating Behavior Policy.

Disciplinary Process
A participant may receive written/verbal notice for inappropriate conduct. In the case of a minor, Parent/Guardian will be contacted and/or given a copy of the written notice. Participants that receive more than three incident reports will result in suspension and/or termination of program as well as facility privileges. Staff reserves the right to make judgement call regarding consequences for inappropriate conduct.

Appeals
Disciplinary actions, that result in suspension or termination, may be appealed within fourteen (14) days in which disciplinary notification was issued. Participants or Parent/Guardians have the option to schedule a conference with Management to further discuss incident.

Mandated Reporters
The VCMRC staff are required to report, to relevant authorities, any suspicion of abuse, neglect, or exploitation.
PARTICIPANT INFORMATION:

Participant Name: ____________________________________
Gender: □ M   □ F

Address: ____________________________  City: ________________ Zip: __________
Email Address: ____________________________  Date of Birth: _____/_____/_____  Age: _______

Shirt Size (please circle a youth size or adult size):  YOUTH: S M L  ADULT: S M L XL 2XL 3XL 4XL

Health & Safety Information:

Primary Diagnosis: ____________________________________

Date of Diagnosis: _____/_____/_____

Does Participant have history of seizures? □ No   □ Yes

If yes, type of Seizure: ____________________________________  Date of last seizure

Is Participant taking medication? □ No   □ Yes (If yes, please fill in the information below)

Name of Medication: ____________________________  Dosage: ____________________________  Times Per Day: __________

(1) ____________________________  ______  ____________
(2) ____________________________  ______  ____________
(3) ____________________________  ______  ____________
(4) ____________________________  ______  ____________

*VCMRC Staff Cannot Administer Medications*

<table>
<thead>
<tr>
<th>ALLERGIES TO: (check all that apply)</th>
<th>Type</th>
<th>Reaction</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Environmental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Latex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No Allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name (1): ____________________________  Parent/Guardian Name (2): ____________________________

Cell Phone Number (1): ____________________________  Cell Phone Number (2): ____________________________

EMERGENCY CONTACT INFORMATION: MUST BE DIFFERENT THAN PARENT/GUARDIAN INFORMATION ABOVE

Contact Name: ____________________________  Relationship To Participant: ____________________________

Cell Phone Number: ____________________________

AIDE/ATTENDANT INFORMATION: PLEASE CHECK ALL THAT APPLY

(All minors under the age of 18, and participants who require one to one assistance/adaptations, MUST attend the center with an Aide at all times)

□ Parent/Guardian will attend with, provide assistance/adaptations for and supervise participant at all times while at the center.

□ Aide will attend with, provide assistance/adaptations for and supervise participant at all times while at the center.

□ Participant is able to independently attend the center without Center Staff, Aide or Parent/Guardian supervision and is age 18+.
### PARTICIPANT TRAITS / HABITS

<table>
<thead>
<tr>
<th>Trait</th>
<th>Regularly</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able To Pay Attention To Task For Minimum Of Five Minutes&lt;br&gt;Please explain:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acts Before Thinking About The Consequences&lt;br&gt;Please explain:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capable Of Asking For Help If Necessary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty Following Directions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty Problem Solving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easily Distracted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eats Meals Independently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits Aggressive Behavior&lt;br&gt;Please explain:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits Anxious Behavior&lt;br&gt;Please explain:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independently Recognizes Danger Situations&lt;br&gt;Please explain:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independently Uses Restroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memory Loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires Assistance Transitioning From One Activity To The Next&lt;br&gt;Please explain:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socially Reserved/Withdrawn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stays Home Alone Without Supervision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wanders From Group</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other/Additional Information: __________________________________________

### LEISURE INTERESTS: (check all that apply)

- [ ] Sports
- [ ] Music
- [ ] Performing Arts (Choir and Theatre)
- [ ] Arts & Crafts
- [ ] Cooking
- [ ] Swimming
- [ ] Community Outings
- [ ] Bowling
- [ ] Other: ____________________________
Waiver and Release of Liability

AS A PARTICIPANT, OR AS A PARENT/GUARDIAN OF THE PARTICIPANT IN THIS PROGRAM, I RECOGNIZE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY AND I AGREE TO ASSUME THE FULL RISK OF ANY INJURIES, DAMAGES, OR LOSS RESULTING FROM PARTICIPATION IN ACTIVITIES CONNECTED WITH OR ASSOCIATED WITH SUCH PROGRAM. I AGREE TO WAIVE AND RELINQUISH ALL CLAIMS I MAY HAVE DUE TO PARTICIPATION IN THE PROGRAM, AGAINST THE CITY OF PASADENA PARKS AND RECREATION DEPARTMENT, VERNE COX MULTIPURPOSE RECREATION CENTER, AGENTS, EMPLOYEES AND VOLUNTEERS OF THE CITY OF PASADENA. I DO HEREBY FULLY RELEASE AND DISCHARGE THE CITY OF PASADENA AND THE PASADENA PARKS AND RECREATION DEPARTMENT, VERNE COX MULTIPURPOSE RECREATION CENTER, AGENTS, EMPLOYEES AND VOLUNTEERS FOR ANY AND ALL CLAIMS FROM INJURIES, DAMAGE OR LOSS WHICH I HAVE OR WHICH MAY OCCUR TO ME ON ACCOUNT OF THE PARTICIPATION IN THE PROGRAM. I FURTHER AGREE TO PROTECT, DEFEND, AND HOLD HARMLESS THE CITY OF PASADENA, THE PARKS AND RECREATION DEPARTMENT, VERNE COX MULTIPURPOSE RECREATION CENTER, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ALL CLAIMS RESULTING OR IN ANY WAY ASSOCIATED WITH ACTIVITIES OF THE PROGRAM.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY FORM.

__________________________________________________________________________
Printed Name of Participant

__________________________________________________________________________
Signature of Participant, Parent or Legal Guardian

__/____/____
Today’s Date

Media Release

AS A PARTICIPANT OR, AS THE PARENT/GUARDIAN OF THE PARTICIPANT, UNDERSTAND THAT THE VERNE COX MULTIPURPOSE RECREATION CENTER RESERVES THE RIGHT TO USE ANY AUDIO, VIDEO, AND/OR PHOTOGRAPHS OF MYSELF/PARTICIPANT FOR PROMOTIONAL OR MARKETING PURPOSES.

I HAVE READ AND FULLY UNDERSTAND THIS MEDIA RELEASE FORM.

__________________________________________________________________________
Printed Name of Participant

__________________________________________________________________________
Signature of Participant, Parent or Legal Guardian

__/____/____
Today’s Date

Permission to Leave Independently (please check one)

☐ THE NAMED PARTICIPANT IS ALLOWED TO LEAVE THE CENTER INDEPENDENTLY WITHOUT SUPERVISION.

☐ THE NAMED PARTICIPANT IS NOT ALLOWED TO LEAVE THE CENTER INDEPENDENTLY WITHOUT SUPERVISION.

IF THE ABOVE NAMED PARTICIPANT IS ALLOWED TO LEAVE THE CENTER INDEPENDENTLY, AND WITHOUT VCMRC STAFF SUPERVISION, MY SIGNATURE BELOW STATES THAT I HEREBY FULLY RELEASE AND DISCHARGE THE CITY OF PASADENA AND THE PASADENA PARKS AND RECREATION DEPARTMENT, VERNE COX MULTIPURPOSE RECREATION CENTER, AGENTS, EMPLOYEES AND VOLUNTEERS OF THE CITY OF PASADENA FOR ANY AND ALL CLAIMS FROM INJURIES, DAMAGE OR LOSS WHICH I HAVE OR WHICH MAY OCCUR TO THE NAMED PARTICIPANT IF THE NAMED PARTICIPANT INDEPENDENTLY LEAVES THE VCMRC WITHOUT STAFF SUPERVISION. IF NAMED PARTICIPANT IS NOT ALLOWED TO LEAVE THE CENTER, MY SIGNATURE BELOW STATES THAT NAMED PARTICIPANT WILL REMAIN AT THE CENTER, WITH VCMRC STAFF, UNTIL SOMEONE COMES TO PICK THEM UP DURING PROGRAM HOURS.

I HAVE READ AND FULLY UNDERSTAND THIS PERMISSION TO LEAVE INDEPENDENTLY INFORMATION.

__________________________________________________________________________
Printed Name of Participant

__________________________________________________________________________
Signature of Participant, Parent or Legal Guardian

__/____/____
Today’s Date
REGISTERED PROGRAM INFORMATION

- A registered program is a program that must be registered for at the VCMRC office in advance.
- A registered program name is listed on the calendar in BOLD font.
- A registered program name is also UNDERLINED.
- Registration dates for registered programs are listed on the right hand side of the calendar under “NOTES”.
- Registration dates are also listed on the back of each calendar on the bottom of the Program Descriptions page.

MISSED PROGRAM POLICY: REGISTERED PROGRAMS

- Any participant that registers for a program is expected to attend that registered program.
- If the participant needs to miss the registered program for any reason, the VCMRC office must be notified BY PHONE, at least 30 minutes prior to the start time of the registered program.
- **If participant does not attend a program they registered for, without notifying the VCMRC office, it will be considered a “Missed Program”**.
  - The following scenarios will result in a Missed Program:
    - VCMRC did not receive notification from registered participant.
    - VCMRC was not notified at least 30 minutes prior to the start of the registered program.
    - VCMRC received notification after the start of the registered program.
  - To properly notify the VCMRC, you must CALL 281.487.1755 or speak to a VCMRC staff at the office.
    - If no one answers, you MUST leave a message on the VCMRC answering machine.
    - Emailing, calling or texting a staff member individually will not be considered proper notification.
  - **Consequences for missing a registered program without proper notification**:
    - Participant will receive a warning after their first Missed Program.
    - After the second Missed Program, participant will have their registration privileges suspended for 60 days from the date of the Missed Program.

IMPORTANCE

- Why is this policy important?
  - A registered program has a maximum number of participants allowed in that program.
  - If you register for a program, you have a guaranteed a spot in that program.
  - If you do not call / attend the program, you have taken away a spot from another participant.

---

My signature below states that I have completely read, fully understand and agree to abide by the above policy when registering for programs at the VCMRC.

Visit Site

Today’s Date: ________________

Participant Name: ____________________________________________

Parent/Guardian Printed Name: ____________________________________

Parent/Guardian Signature: _________________________________________

Contact Methods:

Cell Phone Number: ____________________________________________

Email Address: _________________________________________________

Preferred method of contact (check one): □ EMAIL □ PHONE

-------------------

City of Pasadena | Verne Cox Multipurpose Recreation Center – 2019 Participant Packet 6
Inclusion Policy  

Purpose  
The City of Pasadena’s Parks and Recreation Department, Verne Cox Multipurpose Recreation Center, is committed to providing recreation opportunities for individuals with intellectual and/or physical disabilities. It is important for individuals to have socialization opportunities and a connection to the community in order to enhance daily productivity and develop positive relationships amongst their peers.

Discussion  
We are committed to following inclusive practices and strategies to benefit each of our participants. Individuals with disabilities are encouraged to participate in all general recreational and leisure programs offered by the Pasadena Parks & Recreation Department and surrounding areas.

Accommodations  
Upon request, additional accommodations may be provided. Requests will be authorized based on the individual’s needs and to successfully fulfill program requirements. A minimum of a two-week notice prior to the start of the program for successful inclusion is required.

My signature below states that I have read and fully understand all documents contained in the registration packet: Eligibility Criteria; Rules of Conduct Policy; Mandated Reporters; Participant Information Form; Waiver and Release of Liability; Media Release; Permission To Leave Criteria; Missed Program Policy and Inclusion Policy. I agree to comply with all requirements listed as well as all program requirements. I confirm that all personal and medical information is the most accurate and most updated. My signature below also authorizes the VCMRC Staff to arrange medical treatment for the participant listed in this packet in case of an emergency.

Packets will need to be completed and updated on an annual basis.

________________________________________  ______________________  ____/____/____
Printed Name of Participant  Signature of Participant, Parent or Legal Guardian  Today’s Date

For Office Use Only:

- Packet Complete?:
  - Receiving Staff Checked For Completion?  (staff initials) ______ Date: ____/____/____
  - Diagnosis Note Attached To This Packet?  (staff initials) ______ Date: ____/____/____
  - Basic Information Entered Into Sportsman?  □ YES  □ NO
- Packet Given to Recreation Therapist:  (staff initials) ______ Date: ____/____/____
- Date Reviewed by Recreation Therapist:  ____/____/____
- Staff Notes:
  __________________________________________________________
  __________________________________________________________