

New Participant Information Packet 2020

City of Pasadena

Parks and Recreation
Department

Adaptive Recreation
Division:

Verne Cox Multipurpose
Recreation Center
(VCMRC)

Phone: 281.487.1755
Fax: 281.487.2062



JEFF A. WAGNER
MAYOR

HOW TO GET INVOLVED:

All new participants must complete this packet, and attend an in-take meeting, prior to participation in programs. Use the following steps to get involved!

1. Completely review, fill in, and sign this packet. Packets will not be accepted at the VCMRC office until all information is complete. You may be asked to come back to the VCMRC office in order to fill in missing areas.
2. Obtain and submit a note from a medical professional stating participant's primary diagnosis. An IEP from a school is an acceptable form of a diagnosis note.
3. Turn in the completed packet (with diagnosis note) to the Verne Cox Multipurpose Recreation Center office, for approval.
4. The VCMRC must have the completed packet ***and*** an approved diagnosis note in order to begin the review process.
5. Please allow up to 30 days, from the date you turned in the completed packet, 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 (& parent/guardian)*, with a Recreation Therapist.

Additional Information:

- Participant packets accepted year-round.
- In-take meetings are scheduled during the months of September-May. For a May in-take meeting, you must turn in your packet no later than April 30, 2020.

Eligibility Criteria; Rules of Conduct Policy; Mandated Reporters; Peanut Allergy; Participant Information Form; Waiver and Release of Liability; Media Release; Missed Program Policy and Inclusion Policy

2020 Participant Information Form – Verne Cox Multipurpose Recreation Center (VCMRC)

When complete, please return the entire packet to the VCMRC. Packets may be dropped off, emailed (mrc@pasadeantx.gov) or faxed (281.487.2062).

PARTICIPANT INFORMATION:

Participant Name: _____ Gender: M F
Last First

Address: _____ City: _____ Zip: _____

Email Address: _____ Date of Birth: ____/____/____ Age: _____



HEALTH & SAFETY INFORMATION:

➔ **Primary Diagnosis:** _____

**** OFFICE USE ONLY ****
 Date Received: _____
 Time Received: _____
 Staff Receiving: _____
 Uploaded to File: _____

Does Participant have any activity restrictions? No Yes
 If yes, please list: _____

Does Participant have a history of seizures? No Yes
 If yes, type of Seizure: _____
Date Of Last Seizure

Is participant taking any medication? No Yes *(If yes, please fill in the information below)*

Name of Medication:	Dosage:	Times Per Day:	Name of Medication:	Dosage:	Times Per Day:
(1) _____	_____	_____	(2) _____	_____	_____
(3) _____	_____	_____	(4) _____	_____	_____

VCMRC Staff Cannot Administer Medications

	ALLERGIES TO: <i>(check all that apply)</i>	Type	Reaction	Treatment
<input type="checkbox"/>	Food			
<input type="checkbox"/>	Medication			
<input type="checkbox"/>	Environmental			
<input type="checkbox"/>	Latex			
<input type="checkbox"/>	No Allergies			

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: _____ Cell Phone Number: _____ Relationship: _____

AIDE/ATTENDANT INFORMATION: *PLEASE CHECK ALL THAT APPLY*

- 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.
- Aide Name: _____ Relationship to Participant: _____
- Participant is able to independently attend the center **without** Center Staff, Aide or Parent/Guardian supervision and is age 18+.

PARTICIPANT TRAITS / HABITS	Regularly	Occasionally	Never
Able To Pay Attention To Task For Minimum Of Five Minutes Please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts Before Thinking About The Consequences Please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capable Of Asking For Help If Necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Following Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily Distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eats Meals Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Aggressive Behavior Please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Anxious Behavior Please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independently Recognizes Danger Situations Please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independently Uses Restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory Loss / Forgetfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires Assistance Transitioning From One Activity To The Next Please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socially Reserved/Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays Home Alone Without Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanders From Group or Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other/Additional Information: _____

LEISURE INTERESTS: *(check all that apply)*

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Sports | <input type="checkbox"/> Music | <input type="checkbox"/> Performing Arts (Choir and Theatre) |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Cooking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Community Outings | <input type="checkbox"/> Bowling | <input type="checkbox"/> Other: _____ |

Wavier 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



Missed Program Policy: Registered Programs

Verne Cox Multipurpose Recreation Center (VCMRC)

REGISTERED PROGRAM INFORMATION

- A registered program is a program that must be registered for at the VCMRC office in advance.
- A registered program name listed on the calendar is 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 may 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 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.



Printed Name of Participant

Signature of Participant, Parent or Legal Guardian

____/____/____
Today's Date

Contact Methods:



Preferred method of contact (check one):

EMAIL

PHONE



Eligibility Criteria

VCMRC’s Mission

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

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.

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 (or discounted rate) transportation, are available through the Harris County Taxi RIDES program or through the American Red Cross.

Rules of Conduct Policy

In order to maintain a positive and productive environment for participating individuals, it is crucial that conduct is consistent. Unacceptable conduct includes, but is not limited to, the following:

- Endangering the health and safety of self, other participants, patrons, or staff
- Damage to facility, equipment, or supplies
- Vandalism of facility, equipment, or supplies
- Theft of equipment or supplies

In the event that a participant is in non-compliance with the Rules of Conduct 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 the Rules of Conduct 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. 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.


Peanut Allergy


The VCMRC is striving to be a “PEANUT-FREE ZONE”. We ask that you assist us in providing our participants with a safe recreation environment. It is important that there is strict avoidance to peanuts and peanut containing products (Snickers Candy Bars, Reese’s Peanut Butter Cups, peanuts, peanut butter, etc.) to avoid life-threatening allergic reactions.


Missed Program Policy

Any participant that registers for a program is expected to show up for that registered program. If you cannot make it, please call the office at least 30 minutes prior to the start of the program. If you are a no call, no show, there may be consequences.

My signature below confirms that I have read, fully understand, and agree to abide by the items listed above and any other program requirements set forth by the VCMRC staff.

 _____
Printed Name of Participant

 _____
Signature of Participant, Parent or Legal Guardian

 ____/____/____
Today’s Date

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.


Modifications


Upon request, additional modifications may be provided. Requests will be authorized based on the individual's needs and to successfully fulfill program requirements. Making reasonable modifications may take time. To assure that registrant starts the program on the first day, give VCMRC staff enough time to gather and review information and make an inclusion plan to support participation. We reserve the right to delay participation if information is not provided in a timely basis.

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; Peanut Allergy; Participant Information Form; Waiver and Release of Liability; Media Release; Missed Program Policy and Inclusion Policy.

Packets will need to be completed and updated on an annual basis, usually in January.

 _____
Printed Name of Participant

 _____
Signature of Participant, Parent or Legal Guardian

 ____/____/____
Today's Date

For Office Use Only:

- Packet Complete?:
 - Receiving Staff Checked For All Signatures? (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 initials) _____ Date: ____/____/____
- Staff Notes:

