


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

When complete, please return both pages to the VCMRC office by email, fax (281.487.2062), or drop off at 5200 Burke, Pasadena TX 77504

## 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: \_\_\_\_\_ Relationship To Participant: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_

## SIGNATURE OF ACKNOWLEDGEMENTS

My signature below confirms that all personal and medical information above is the most accurate and most updated. My signature below also authorizes the VCMRC Staff to arrange medical treatment (or transportation) for the participant listed, in case of an emergency.

➔ \_\_\_\_\_  
 Printed Name of Participant

➔ \_\_\_\_\_  
 Signature of Participant, Parent or Legal Guardian

➔ \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Today's Date



## 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 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

### **Behavior Policy**

In order to maintain a positive and productive environment for participating individuals, it is crucial that conduct is consistent with 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
- 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 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, so long as VCMRC is providing a reasonable modification such as extra staff or volunteers, a behavior plan or other methods, 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.


## 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