

2017

City of Pasadena

Parks and Recreation
Department

Adaptive Recreation
Division:
Multipurpose
Recreation Center
(MRC)



Johnny Isbell, Mayor

MULTIPURPOSE RECREATION CENTER (MRC)

HOW TO GET INVOLVED:

- Completely review, fill out and sign this packet.
- Have your doctor's office fax us a note from a medical professional regarding participant's primary diagnosis and date of diagnosis.
 - Fax Number: 281.487.2062
- Turn in the completed packet, to the Multipurpose Recreation Center office, for approval.
- Wait for the center staff to contact you regarding an assessment, *for the new participant*, with the Recreation Therapist.
 - The center must have the approved diagnosis note from a medical professional in order to schedule the assessment.
- After the assessment, join the fun!

PARTICIPANT INFORMATION PACKET

Eligibility Criteria; Rules of Conduct Policy; Participant Information Form; Waiver and Release of Liability; Media Release; Missed Program Policy, Missed Program Policy and Inclusion Policy



Johnny Isbell, Mayor

Eligibility Criteria

Purpose

To provide recreational and leisure opportunities, as well as programs, that will promote independence, for children, youth, and adults with an intellectual and/or physical diagnosis.

Discussion

- Must have an intellectual and/or physical diagnosis as shown by a diagnosis note from a medical professional or school
- Must be able to independently attend the center without Center Staff, Aide or Parent/Guardian assistance or supervision
 - If Participant requires one to one assistance, Parent/Guardian (or Aide) will 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.
- Must be able to understand directives
- Must independently perform self-help skills
- Must be able to independently complete personal care needs

Participant Registration

Demographics and signatures requested within this packet are required furthermore; Multipurpose Recreation Center's Certified Therapeutic Recreation Specialist will conduct a mandatory assessment, 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 the Multipurpose Recreation Center's Staff.

Transportation

The 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

Purpose

In order to maintain a positive and productive environment to 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. Admissions 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.

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.



2017 Participant Information Form - Multipurpose Recreation Center (MRC)

When complete, please fax this entire packet to 281.487.2062 or return this entire packet to 5200 Burke, Pasadena TX 77504

Please check one: UPDATING PACKET COMPLETING PACKET FOR THE FIRST TIME

PARTICIPANT INFORMATION:

Participant: _____ Gender: M F
Last First

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:

Diagnosis: _____ **OFFICE DATE STAMP:** _____

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, list all medications: _____

MRC 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			

I AUTHORIZE THE (MRC) STAFF TO ARRANGE FOR MEDICAL TREATMENT IN CASE OF AN EMERGENCY.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN

____/____/____
TODAY'S DATE

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Cell Phone Number: _____ Alternate Number: _____

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

Contact Name: _____ Relationship To Participant: _____

Cell Phone Number: _____ Alternate 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.
 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	<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	<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"/> Camping |
| <input type="checkbox"/> Community Outings | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Other: _____ |



Johnny Isbell, Mayor

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, 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, 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, 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 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

Effective: 1/3/2017

Multipurpose Recreation Center (MRC)

REGISTERED PROGRAM INFORMATION

- A registered program is a program that must be registered for at the MRC 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 show up for the registered program.
- If the participant needs to miss the registered program for any reason, the MRC 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 MRC office, it will be considered a “Missed Program”.**
- The following scenarios will result in a Missed Program:
 - MRC did not receive notification from registered participant.
 - MRC was not notified at least 30 minutes prior to the start of the registered program.
 - MRC received notification after the start of the registered program.
- To properly notify the MRC office by phone, you must call 281-487-1755.
 - If no one answers, you must leave a message on the MRC 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 don’t call and don’t show for the program, you’ve 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 MRC.

➡ 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

Inclusion Policy



Purpose

The City of Pasadena's Parks and Recreation Department, Multipurpose Recreation Center, is committed to providing opportunities for individuals with intellectual and/or physical diagnosis. 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 in 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.

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.

I have read and understand all documents contained in the registration packet: Eligibility Criteria; Rules of Conduct Policy; Participant Information Form; Waiver and Release of Liability; Media Release; Missed Program Policy, Missed Program Policy and Inclusion Policy. I agree to comply with all program requirements. I confirm that all personal and medical information is the most accurate and most updated.

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 Received in office by: (staff initials) _____ Date: ____/____/____
- Packet given to Recreation Specialist: (staff initials) _____ Date: ____/____/____
- **Date Reviewed by Recreation Specialist:** ____/____/____
 - Doctor's Note Attached To This Packet? YES NO
 - Family Contacted For Approval Status? YES NO
 - Assessment Scheduled for: (date of assessment) ____/____/____
 - Assessment Date Entered Into The System? YES NO

- Staff Notes:

Recreation Specialist Signature: _____