HOW TO GET INVOLVED:

- Completely fill out this packet
- Have your doctor’s office fax us a note regarding participant’s primary diagnosis and date of diagnosis
  - Fax Number: 281.487.2062
- Turn in the completed packet and schedule an assessment, for the new participant, with our Recreation Therapist
- After the assessment, join the fun!
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**
Eligibility Criteria:

- Must have an intellectual and/or physical diagnosis
- Must be able to understand directives
- Must independently perform self-help skills
- Must be able to independently complete personal care needs
- An aide or assistant (parent/guardian or caregiver) is required for one-on-one assistance for any individual who requires self-help assistance or requires consistent guidance. Aide/Assistant must remain with participant at all times.

**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 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 are available through the Harris County Taxi RIDES program or through the American Red Cross.
Pasadena Parks & Recreation Department - Multipurpose Recreation Center
Participation Form

When completed, please fax this entire packet to 281-487-2062 or return this entire packet to 5200 Burke, Pasadena TX 77504

**PARTICIPANT INFORMATION**

Participant: ___________________________________________  Today’s Date: ___/___/____

Last First

Address: _______________________________________________  City: __________________________  Zip: ________________

Phone Number: _________________________________________  Date of Birth: ___/___/____  Age: ____  Gender: □M □F

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian: ______________________________________  Phone Number: ______________________

Email Address: _________________________________________  Alternate Number: ______________________

**AIDE/ATTENDANT INFORMATION:** (this section mandatory if participant requires one-on-one assistance to participate in programs)

Name: ________________________________________________  Date of Birth: ___/___/____  Age: ____

Address: ______________________________________________  City: __________________________  Zip: ______________

Phone Number: _________________________________________  Email: ________________________________

**EMERGENCY CONTACT INFORMATION:**

Contact: ______________________________________________  Phone Number: ______________________

Address: ______________________________________________  City: __________________________  Zip: ______________

Relationship to Participant: ______________________________  Email: ________________________________

I AUTHORIZE THE MULTIPURPOSE RECREATION CENTER STAFF TO ARRANGE FOR MEDICAL TREATMENT IN THE EVENT THAT THE MULTIPURPOSE RECREATION CENTER STAFF CANNOT REACH MY DESIGNATED EMERGENCY CONTACT.

__________________________________________________________

SIGNATURE OF PARTICIPANT/GUARDIAN DATE  ___/___/____

**HEALTH & SAFETY INFORMATION:**

Diagnosis: _____________________________________________  Date of Diagnosis: ___/___/____

Is participant taking medication? □No  □Yes Please list: ________________________________________________

*MRC staff cannot administer medications*

Does Participant have history of seizures? □No  □Yes Type of Seizure: __________________________  ___/___/____  Date of Seizure

**Allergies: (Please check and provide information that applies)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Reaction</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>Latex</td>
<td>Explain:</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Explain:</td>
<td></td>
</tr>
</tbody>
</table>
Adaptive Aids/Equipment in use: *(If applicable)*

- Power/Manual Wheelchair
- Hearing Aid
- Stroller/Push Chair
- Orthotic Devices
- Prescribed Prosthetic Device
- Communication Board or Book
- Walker/Braces/Canes
- Prescribed Eyeglasses
- Augmentative Communication Device

### Characteristics and Behavior

<table>
<thead>
<tr>
<th>Traits/Habits</th>
<th>Regularly</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive Behavior</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Anxiety</td>
<td></td>
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<tr>
<td>Easily Distracted</td>
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<td></td>
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<tr>
<td>Difficulty following directions</td>
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<tr>
<td>Difficulty problem solving</td>
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<tr>
<td>Difficulty with transitions</td>
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<tr>
<td>Impulsive Behaviors</td>
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<td></td>
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<tr>
<td>Limited attention tolerance</td>
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<tr>
<td>Low frustration tolerance</td>
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<tr>
<td>Memory Loss</td>
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<tr>
<td>Socially Reserved/Withdrawn</td>
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<tr>
<td>Tendency to wander from group</td>
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<tr>
<td>Capable of asking for help if necessary</td>
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</tr>
</tbody>
</table>

Other/Additional Information:

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**LEISURE INTERESTS:**

- Sports
- Volunteering
- Performing Arts (Choir and Theatre)
- Arts & Crafts
- Music
- Camping
- Outings
- Horseback Riding
- Cooking

Other/Additional Information:

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City of Pasadena Parks & Recreation Department  
Multipurpose Recreation Center

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 THE RELEASE FORM.

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.

Participant’s Signature and/or Legal Guardian _____________________________  ____/____/_____ 

Date
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/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 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 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.
Inclusion Policy

Purpose
The City of Pasadena Parks and Recreation, Multipurpose Recreation Center is committed to providing opportunities for individuals with an intellectual 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, Behavior Policy, Inclusion Policy, Release of Liability form and the Participation form. I agree to comply with all program requirements. I confirm that all medical information has been provided accurately.

__________________________________________  ______________________________________  ____/____/____
Signature of Participant or Legal Guardian  Printed Name of Participant  Date

For Office Use Only:

Staff Signature:__________________________________  Date Reviewed:  ____/____/____

Staff Notes: