Purpose
To provide recreational, leisure opportunities as well as programs that will promote independence for cognitive and/or physically disabled individuals in effort of achieving a conceivable level of self-sufficiency that will effectively benefit the participants daily living.

Discussion
Eligibility Criteria:

- Must have a cognitive and/or physical disability
- Must be able to understand and carry out instructions
- Must have self-help skills
- Must be able to take care of personal care needs
- An aide or assistant (parent/guardian or caregiver) is required for one-on-one assistance for any individual who has requires self-help or 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. Participants or Parent/Guardian is responsible for transportation arrangements.
PARTICIPANT INFORMATION

Participant: ___________________________________________ 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:

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>
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<tr>
<td>□ Medication</td>
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<td>□ Environmental</td>
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<td>□ Latex</td>
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<tr>
<td>□ Other</td>
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</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

<table>
<thead>
<tr>
<th>Characteristics and Behavior</th>
<th>Regularly</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
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<tbody>
<tr>
<td>Aggressive Behavior</td>
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<tr>
<td>Anxiety</td>
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<tr>
<td>Easily Distracted</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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<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 wanders from group</td>
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<tr>
<td>Capable of asking for help if necessary</td>
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</table>

Other/Additional Information: _________________________________________________________________

_________________________________________________________________________________________
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. I DO HEREBY FULLY RELEASE AND DISCHARGE THE CITY OF 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 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 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 all individuals with special needs. It is important for all 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 to participating individuals. Requests will be authorized based on the individual’s needs and to successfully fulfilling 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: