

# 2022 Participant Information Form – Verne Cox Multipurpose Recreation Center (VCMRC)

When complete, please return the entire packet. Packets may be dropped off at the VCMRC, emailed ([vcmmc@pasadenatx.gov](mailto:vcmmc@pasadenatx.gov)), or faxed (281.487.2062).

## PARTICIPANT INFORMATION:

Participant Name: \_\_\_\_\_  
Last First

Gender:  M  F



Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

## HEALTH & SAFETY INFORMATION:

➔ **Primary Diagnosis:** \_\_\_\_\_

**\*\* OFFICE USE ONLY \*\***

Does Participant have any activity restrictions?  No  Yes

If yes, please list: \_\_\_\_\_

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Staff Receiving: \_\_\_\_\_

Uploaded to File: \_\_\_\_\_

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+.

## 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. 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

## 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.

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

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

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

# PARTICIPANT RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

**PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE CITY OF PASADENA TEXAS FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE**

## ASSUMPTION OF RISK

I acknowledge and agree that any use of The City of Pasadena Texas facilities, services, equipment and premises ("Facilities") and any participation in The City of Pasadena Texas programs and activities, in person or on the internet, ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

**IN CONSIDERATION OF THE USE OF FACILITIES AND PARTICIPATION IN PROGRAMS I, THE UNDERSIGNED, AGREE THAT THE CITY OF PASADENA TEXAS, IT'S OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS, INSURERS AND REPRESENTATIVES ("RELEASEES") WILL NOT BE LIABLE FOR ANY PERSONAL INJURY, PROPERTY DAMAGE, DISABILITY, DEATH, SICKNESS OR DISEASE INCURRED BY MYSELF, MY FAMILY MEMBERS, DEPENDENTS, OR GUESTS, INCLUDING MINORS, HOWEVER OCCURRING INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OF RELEASEES. I UNDERSTAND THAT I WILL BE SOLELY RESPONSIBLE FOR ANY LOSS OR DAMAGE, INCLUDING PERSONAL INJURY, PROPERTY DAMAGE, DISABILITY, DEATH, SICKNESS OR DISEASE SUSTAINED FROM THE USE OF FACILITIES AND PARTICIPATION IN PROGRAMS.**

**I FURTHER AGREE, ON BEHALF OF MYSELF AND ANY AND ALL LEGAL SUCCESSORS AND PROXIES, TO RELEASE AND HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE RELEASEES FROM ANY CAUSES OF ACTION, CLAIMS, SUITS, LIABILITIES OR DEMANDS OF ANY NATURE WHATSOEVER INCLUDING, BUT IN NO WAY LIMITED TO, CLAIMS OF NEGLIGENCE, WHICH I AND ANY AND ALL LEGAL SUCCESSORS AND PROXIES MAY HAVE, NOW OR IN THE FUTURE, AGAINST RELEASEES ON ACCOUNT OF PERSONAL INJURY, PROPERTY DAMAGE, DISABILITY, DEATH, SICKNESS, DISEASES OR ACCIDENT OF ANY KIND, ARISING OUT OF OR IN ANY WAY RELATED TO THE USE OF FACILITIES OR PARTICIPATION IN PROGRAMS, WHETHER THAT PARTICIPATION IS SUPERVISED OR UNSUPERVISED, HOWEVER THE INJURY OR DAMAGE OCCURS, INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OF RELEASEES.**

**IN FURTHER CONSIDERATION OF THE USE OF FACILITIES AND PARTICIPATION IN PROGRAMS, I AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, DEMANDS, LOSSES, SUITS, LIABILITIES OR COSTS OF ANY NATURE WHATSOEVER, INCLUDING CLAIMS OF NEGLIGENCE, ARISING OUT OF OR IN ANY WAY RELATED TO THE USE OF FACILITIES AND PARTICIPATION IN PROGRAMS BY MYSELF, MY FAMILY MEMBERS, DEPENDENTS OR GUESTS, INCLUDING ANY MINORS.**

**My signature below confirms that I have read, fully understand, and agree to all items listed above.**

**Complete information below as it applies to your household:**

\_\_\_\_\_  
**Print:** Participant's First and Last Name

\_\_\_\_\_  
**Sign:** Participant's Signature

\_\_\_\_\_  
**Print:** Parent / Guardian's First and Last Name

\_\_\_\_\_  
**Sign:** Parent / Guardian's Signature

\_\_\_\_\_  
**Print:** Caregiver/Aide's First and Last Name

\_\_\_\_\_  
**Sign:** Caregiver/Aide's Signature

**Today's Date:** \_\_\_\_\_