



Achieve with us.®

SOCIAL PROGRAM POLICY AND GUIDELINES

Social Program Purpose

The purpose of the Social Program of The Arc of Katy is to provide individuals with intellectual and developmental disabilities the opportunity to interact with others to the full extent of their ability in a safe, supervised community setting and to have fun! Social Programs are held monthly Sept.-May. The Social Calendar is located online at www.thearcofkaty.org

SAFETY OF ALL PARTICIPANTS IS THE PRIMARY CONCERN AT ANY ARC OF KATY FUNCTION. ATTENDING SOCIALS IS A PRIVILEGE, NOT A RIGHT.

Requirements

All Participants must be a paid member in good standing with The Arc of Katy, at least 16 years of age and completed/submitted the required paperwork. Non-member guests will not be permitted to attend any function.

The required forms (some of which must be notarized) are:

1. Membership Application (only required if not a current member)
2. The Arc of Katy Activity Enrollment Form
3. Consent for Photo Release
4. Authorization of Emergency Medical Treatment
5. Release of Liability
6. Parent/Legal Guardian/Participant Acknowledgement

No one will be permitted to attend Social Program events until all paperwork is on file. Please allow 2 weeks for processing the paperwork.

Sign In Procedures for Social Program Events

Parent/Legal Guardian must sign Participant in, verifying:

- Current contact information
- Participant's safe arrival
- Current health or behavior issues
- Designated time and name of person to pick up Participant from activity.

Parent/Legal Guardian must NOT drop off Participant without signing in.

The Arc of Katy cannot ensure food prepared by outside sources is truly gluten free. It is, therefore, recommended that Participants with special dietary needs bring their own snacks/refreshments to socials. No Arc of Katy staff member or volunteer can place a special meal order for a social Participant. The Arc of Katy cannot be liable should a Participant who is gluten intolerant react to a food listed as "gluten free".

Behavior at Social Program Events

SAFETY IS OUR NUMBER ONE GOAL AT ALL ARC OF KATY FUNCTIONS. INAPPROPRIATE BEHAVIORS WILL NOT BE TOLERATED.

- Physical violence will result in The Arc of Katy Sponsors immediately escorting Participant from the activity room. Parents/Legal Guardian will be called requesting immediate pick up of Participant and, at the sole discretion of The Arc of Katy Sponsors, appropriate law enforcement officials may be notified. Such acts will result in immediate and indefinite suspension of privilege of Participant attending social activities.
- Sexually inappropriate behavior will result in The Arc of Katy Sponsors immediately escorting Participant from the activity room. Parents/Legal Guardian will be called requesting immediate pick up of Participant and, at the sole discretion of The Arc of Katy Sponsors, appropriate law enforcement officials may be notified. Such acts will result in immediate and indefinite suspension of privilege of Participant attending social activities.
- The following steps will be taken for all other inappropriate behavior(s) as determined by The Arc of Katy Sponsors:
 1. A verbal warning will be given to the Participant by The Arc of Katy Sponsors.
 2. If inappropriate behavior continues The Arc of Katy Sponsors will ask the Participant to leave the area and go sit in another room for a cooling off period.
 3. If Participant fails to comply with The Arc of Katy Sponsors requests or inappropriate behavior continues, Parents/Legal Guardians will be called to come help manage behavior for the remainder of the Social Program event or, at the discretion of The Arc of Katy Sponsors, to take Participant home.
 4. If inappropriate behavior continues at the following Social Program event, Participant will lose the privilege of attending the next Social Program event.
- **FAILURE TO COMPLY WITH THE REQUESTS OF AN ARC OF KATY SPONSOR WILL RESULT IN IMMEDIATE AND INDEFINITE SUSPENSION OF PRIVILEGE TO ATTEND SOCIAL ACTIVITIES.**

Parent Responsibilities

Parents/Legal Guardians should explain the Social Program Policy and Guidelines to their Participant in terms they can understand. Should Participant's disability require one-on-one attention, The Arc of Katy requires that Parent/legal guardian attend the entire event to ensure a safe and enjoyable environment for all. If attending Parent/Legal Guardian cannot or will not control inappropriate behavior, or is either unwilling or unable to attend the entire event, Participant will have an indefinite suspension of privilege of attending Social Program events.

Indemnification

The parents/legal guardians/Participant acknowledge their agreement to indemnify The Arc of the United States, The Arc of Texas, The Arc of Katy, any Arc of Katy staff/volunteers, any Arc of Katy Board Member or director, Owner (including his/her agent(s), staff/volunteers) at any facility in which an Arc of Katy event activity is held, Activities Sponsors, any Arc of Katy contract employee their agents, heirs, successors, assigns and/or representatives of any and all legal fees, courts costs, fees, expenses, interest and general costs or expenses associated with any legal actions arising out of Participant's involvement in The Arc of Katy Social Program.

REVOCAION OF RELEASES, CONSENTS AND ADDITIONAL SIGNED DOCUMENTS

The Arc of Katy forms, those requiring notarization and all other required forms, shall be considered in full force and effect until they are revoked in writing. Such revocation shall be in writing, signed by the same person executing The Arc of Katy forms or his/her representative and mailed to The Arc of Katy, P. O. Box 6133, Katy, Texas 77491. Upon receipt of such revocation, the executed Arc of Katy forms shall be considered to be null and void and no longer in effect.

FORMS

The following are required forms (some of which must be notarized):

- Membership Application (only required if not a current member)
- The Arc of Katy Activity Enrollment Form
- Consent for Photo Release
- Authorization of Emergency Medical Treatment ☞
- Release of Liability ☞
- Parent/Legal Guardian/Participant Acknowledgement

☞ Forms must be notarized



Achieve with us.

Membership Application

Yes! I would like to be a member of the largest organization in the United States dedicated to improving the quality of life for people with intellectual and developmental disabilities (IDD).

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Home Phone _____ Work/Cell _____

E-Mail _____

Please check all that apply: Self Advocate Parent and/or Guardian
 Other Family Member Friend Professional Organization/Corporation

Organization or Company Name _____

If you have a family member with IDD, please complete the following information:

Name of Family Member with IDD _____

Age Group (Circle One) 1-24 25-34 35-54 55-65 66+ Birthday _____

Membership Levels:

Individual/Family Membership - \$50 _____

Patron of the Arc Membership - \$100 _____

Silver Patron of the Arc Membership - \$500 _____

Gold Patron of the Arc Membership - \$1000+ _____

Interested in volunteering? Please check your areas of interest.

- Day Activity Program Monthly Dances/Bingo Golf Tournament
- Barn Dance Gala Communications & Marketing Committee
- Program Committee Board of Directors
- Offering my talents, skills in other ways (please list) _____

WELCOME TO THE ARC FAMILY and THANK YOU FOR YOUR SUPPORT!

New Member _____ Renewing Member _____ Received _____ Processed _____ Cash _____ Check# _____

The Arc of Katy • P. O Box 6133 • Katy, Texas 77491
832-754-9802 • www.thearcofkaty.org

**THE ARC OF KATY
ACTIVITY ENROLLMENT FORM**

I am applying for enrollment for _____ who is my family member/son/daughter (Participant) for the following activity:

(Circle all that apply)

Adult Day Activity Camp Summer Day Activity Camp Social Activities (dances, bingo)

(Circle Requested Days of Attendance at Adult/Summer Day Camp)

Monday Tuesday Wednesday Thursday

GENERAL INFORMATION

Name of Participant: _____ Birthdate: _____

Participant's Address: _____

Mother's/Guardian's Name: _____ Primary Phone Number: _____

Secondary Phone Number: _____

Mother's/Guardian's Address: _____

Mother's/Guardian's Email: _____

Father's /Guardian's Name: _____ Primary Phone Number: _____

Secondary Phone Number: _____

Father's/Guardian's Address (if different): _____

Father's/Guardian's Email: _____

In Case of Emergency and a parent **CANNOT** be reached, please call:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Please list persons to whom Participant is to be released:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Health Information for _____ (Participant):

**If Participants health information and/or medication(s)
change at any time, please inform The Arc of Katy.**

Are there any special medical issues the Participant currently has that would affect his/her participation in the activities of The Arc of Katy? (Please attach additional sheet if needed):

Yes _____ No _____

Disability or other health issues of participant (please attach additional sheet if needed):

Are there any restrictions on the activities that Participant should have?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Does Participant have any allergies?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Is Participant on a special/restricted diet?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Please list all current prescription/over the counter medication(s) (with dosage) Participant is currently taking?

Please attach additional sheet if needed: _____

Is there any other medical information that would aid The Arc of Katy staff and Social Activity Sponsors?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

IDD Information: Are there any specifics on Participant’s IDD information that you can share with The Arc of Katy Day Program staff in order to best serve your Participant?

_____ Initials

Behavioral Information for _____ (Participant).

Does Participant have any unusual behaviors that would require The Arc of Katy staff or Social Activity Sponsors to be aware of?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Does Participant become easily upset, frustrated, or angry at certain situations?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Would Participant run away from a situation (e.g., leave the facility) to where The Arc of Katy staff or Social Activity Sponsors might have to chase them?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Would Participant become angry when provoked and then retaliate physically by attacking another Participant or The Arc of Katy staff or Social Activity Sponsors?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Is Participant particularly sensitive to light, noise, specific sounds, odors, or any other triggers?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

If Participant becomes upset, angry, or out of control emotionally, what calms him/her?

Please explain: _____

What are Participant's main interests?

Please explain: _____

I/we understand that by signing below that I/we agree to these guidelines and know that enrollment and continued participation in The Arc of Katy activities is a Camp Director, Program Committee, and, ultimately, a Board of Directors' decision.

Parent/Legal Guardian

Date

_____, Participant

**THE ARC OF KATY
CONSENT FOR PHOTO RELEASE**

I give permission for _____, who is my family member/son/daughter/ward, to be photographed or filmed while participating in any Arc of Katy activities.

Photos of Participant may be shown, displayed or published in any form such as a PowerPoint presentation, magazine, newsletter, newspaper or brochure articles, and/or The Arc of Katy website. Requests for any other use of photos will require an approval of the Day Program Committee.

Once this written authorization is given, I understand that I must notify The Arc of Katy, in writing at P.O. Box 6133, Katy, Texas 77491 if I wish to withdraw this approval.

Signature of Participant

Signature of Parent/Legal Guardian

Date

**THE ARC OF KATY
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event that the undersigned parent/legal guardian cannot be reached to make arrangements for emergency medical attention, I/we hereby authorize The Arc of Katy Day/Summer/Social Program staff, contract employee or volunteer to take _____ who is my family member/son/daughter/ward to the closest emergency medical facility.

The following information is provided to assist any emergency medical facility:

Name of Physician	Address	Phone
-------------------	---------	-------

Name of Clinic or Hospital	Address	Phone
----------------------------	---------	-------

Insurance Company	Group #
-------------------	---------

I give my consent for necessary emergency medical treatment when my family member/son/daughter/ward, is treated at an emergency medical facility. Furthermore, I agree to indemnify The Arc of the United States, The Arc of Texas, The Arc of Katy, any Arc of Katy staff/volunteers, any Arc of Katy Board Member or director, Owner (including his/her agent(s), staff/volunteers) at any facility in which an Arc of Katy event activity is held, Activities Sponsors, any Arc of Katy contract employee their agents, heirs, successors, assigns and/or representatives of all fees, expenses and costs associated with any legal actions arising out of this emergency medical release/authorization. This authorization shall be in effect until revoked in writing by me as such parent and/or legal guardian and such written notice delivered to The Arc of Katy, P. O. Box 6133, Katy, Texas 77491.

Signature of Parent or Legal Guardian	Date
---------------------------------------	------

STATE OF TEXAS
COUNTY OF HARRIS

Before me, the undersigned, a Notary Public, in and for said County and State, on this ____ day of _____, 20____, personally appeared _____ personally known to me to be the person who executed within the foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the purposes therein set forth.

Notary Public
State of Texas
My commission Expires on: _____

**THE ARC OF KATY
RELEASE OF LIABILITY**

I, the undersigned parent and/or legal guardian, hereby understand that my family member/son/daughter/ward, will be participating in The Arc of Katy activities at his/her own risk. I further hereby release The Arc of the United States, The Arc of Texas, The Arc of Katy, any Arc of Katy staff/volunteers, any Arc of Katy Board Member or director, Owner (including his/her agent(s), staff/volunteers) at any facility in which an Arc of Katy event activity is held, Activities Sponsors, any Arc of Katy contract employee, their agents, heirs, successors, assigns and/or representatives from any liability for any injuries to my family member/son/daughter/ward and/or claim known or unknown, that may occur as a result of participating in the activities of The Arc of Katy.

I understand that in the event of an accident, the parent/legal guardian, the Participant or I will be responsible for ALL medical bills or other expenses incurred.

I understand that if I do not agree to these terms, my family member/son/daughter/ward will NOT be allowed to participate in the activities of The Arc of Katy. This release shall be in effect until revoked in writing by me as parent and/or legal guardian or Participant and such written notice delivered to The Arc of Katy, P. O. Box 6133, Katy, Texas 77491.

Signature of Parent and/or Legal Guardian

Date

Signature of Participant

STATE OF TEXAS
COUNTY OF HARRIS

Before me, the undersigned, a Notary Public, in and for said County and State, on this ____ day of _____, 20____, personally appeared _____ personally known to me to be the person who executed within the foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the purposes therein set forth.

Notary Public
State of Texas
My commission Expires on: _____

Parent/Legal Guardian/Participant Acknowledgment

I, the undersigned parent/legal guardian/Participant, acknowledge that I have received and reviewed all the terms and conditions contained within this Arc of Katy Social Program Policy and Guidelines.. I furthermore acknowledge that as a parent/legal guardian, I have discussed the terms and conditions of this manual with Participant and I/we accept all the terms and conditions contained within this Arc of Katy Social Program Policy and Guidelines..

Parent/Legal Guardian

Date

Participant