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# **PROGRAMS MANUAL**

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**Day Program/Summer Day Program  
Social Program**



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## **WELCOME**

The Arc of Katy is delighted that you and/or your parents/legal guardian are interested in our Programs for those with intellectual and developmental disabilities. This manual has been written to tell you and your family about our Programs and to document what you must do to participate.

Your safety is our primary concern. Our policies and procedures are necessary to help us create a safe and fun environment where you can enjoy being with your friends.

Before you participate in The Arc of Katy's Day Program, Summer Day Program, or Social Program, you and/or your parent/legal guardian/representative must be a member of The Arc of Katy. In addition, you must thoroughly and accurately complete all the required forms specified in this package and submit them to:

The Arc of Katy  
ATTN: Day Program Committee  
P. O. Box 6133  
Katy, Texas 77491

The Day Program Committee provides a list of eligible Participants to the Program Chair and Program Coordinator. Your name will not be on these lists until your current completed forms are received and your forms are verified for completeness.

*All Participants and/or their representative must keep all forms updated.*

We hope you will attend all of our Programs. Please submit completed forms no later than two weeks in advance of the first scheduled Program event you wish to attend.

We look forward to seeing you soon.



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## **DAY PROGRAM / SUMMER DAY PROGRAM POLICY AND GUIDELINES**

### **Day Program / Summer Day Program Purpose**

The purpose of the Day Program/Summer Day Program of The Arc of Katy is to provide individuals with intellectual and developmental disabilities (IDD) meaningful activities in a safe and fun environment. The Day Program serves those out of the public school system, most who do not have the ability or opportunity for employment or other significant activity. In the Summer Day Program, Participants 16 and up are eligible to participate.

### **Schedule**

Day and Social Programs are held September through May.  
Our Summer Day Program is held in three (3) sessions June through August.

### **Requirements**

All Participants must be a paid member in good standing with The Arc of Katy. The Day Program will accept those out of the public school system while the Summer Day Program will accept those 16 years of age and older. All Participants must complete and have approved the required paperwork.

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. Permission to Transport and Release of Liability
7. Parent/Legal Guardian/Participant Acknowledgement
8. YMCA Liability Waiver (new one required with registration)
9. Peckham Aquatic and Fitness Center Registration/Release Form (Be Strong Only)

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

It is the parent/legal guardian's responsibility to supply accurate required information on the completed enrollment form and update this information when changes occur. Parents/legal guardians must cooperate in carrying out all policies affecting the operation of the Day Program and Summer Day Program.

### **Parent Responsibilities**

Parents/Legal Guardians should explain the The Arc of Katy Program Policy and Guidelines to their Participant in terms they can understand.

### **Additional Participant Requirements for the Day Program and Summer Day Program**

- Take care of all personal self-help needs
- Be ambulatory
- Maintain appropriate behavior
- Be able to work in a group setting without one-on-one attention
- Desire to attend the program
- Check in and out with appropriate supervisor daily
- Be respectful of all teachers, staff and property
- Participate in activities with a positive, cooperative and willing attitude
- Accept self-responsibility
- Have own transportation with prompt on time arrival and pickup
- Have a parent/legal guardian who will communicate with staff
- Clean work area when finished
- Have fun and enjoy the company of others

The Arc of Katy strives to keep participants safe but cannot offer one to one care. The Arc of Katy will strive to maintain a 5 to 1 ratio. Five participants to 1 instructor. If a parent/guardian feels that The Arc of Katy is not meeting their Participant's special needs, it is recommended that said parent/guardian withdraw their Participant for a program that can meet the needs of the Participant. Any remaining tuition will be refunded upon receipt of a written withdrawal addressed to the Program Committee.

### **Application/Enrollment Procedure for the Day Program/Summer Day Program**

1. Submit completed required forms to the Day Program Committee.
2. The Day Program Committee/Day Program Coordinator reviews your application and notifies you (1) if you have been approved (or denied) for enrollment and (2) if approved, which days you are scheduled to attend. If there are no openings on the days you wish to attend, your name will be placed on the waiting list(s) for those days.
3. Pay your tuition prior to the month you are entering the program.

**PLEASE NOTE**-----your enrollment (and place in the Day/Summer Program) is not finalized until your tuition is received. Your enrollment is given to the Day Program Coordinator only after all steps are completed.

## Day / Summer Program Schedule

The Day Program will follow some of the Katy Independent School District holidays calendar, but not all. You will be notified of any changes in the calendar as soon as possible.

Day/Summer Program Participants will be provided a monthly newsletter and events calendar. If for some reason the calendar needs to be changed, Day Program staff will inform the parents/legal guardians/Participant as far in advance as possible.

Due to staff placements to strive for a 5 to 1 ratio (5 participants to 1 Arc staff) Day Program participants are not to change days of attendance monthly. The Program Committee will consider family requests for changes in Day Program attendance due to special circumstances. Additional days of attendance for the Day Program will be considered based on space availability.

The hours of operation for the Day Program are 8:00 a.m. to 3:00 p.m. on Mondays, Tuesdays, Wednesdays and Thursdays. The hours of operation for the Summer Program are 8:00 a.m. to 3:00 p.m. Monday thru Friday. Parents/legal guardians must plan for emergency situations with telephone number and names of back-up persons permitted to pick up Participant. Parents/legal guardians should be sure that a Program staff member is in the facility and has seen Participant before leaving. If Participants should arrive after 8:15 AM, parents/legal guardians must go into the facility with Participant for sign-in. In addition, if Participants arrive after 9:00 a.m., it is the responsibility of the parents/legal guardians to call 832-754-9802 to find out where Program Participants will be in order for you to deliver your Participant to that location.

We would ask that you please adhere to these times as our staff has work to prepare for the day and are not allowed to accept any Participants before 7:45 a.m. Our staff must leave the premises by 3:15 p.m. at the latest; therefore, all Participants must leave the premises by 3:00 p.m. If something unexpected delays you picking up your Participant, please make other arrangements for your Participant to be picked up on time by someone else.

The Summer Day Program consists of three sessions and participants have the opportunity in the summer only, to change attendance days from session to session.

### Be Strong Swim and Exercise Program

Another part of the Day Program is an opportunity for Participants to participate in the Be Strong Swim and Exercise Program.

#### What is the Be Strong Swim and Exercise Program?

We are so very excited to invite your Participant to be a part of the **Be Strong Swim and Exercise Program**. We would like to provide you with some background information about the program. The **Be Strong Program** started with a strong desire from parents and staff to keep our Participants “moving” and as active as possible. An opportunity became available for us to use the YMCA pool in which we have our water therapy classes and the Peckham Park pool in which we participate in water aerobics classes. The classes are each an hour long and we participate twice a week. We have seen such tremendous results from our Participants in both programs, which are specific to each Participant’s needs. Their stamina, flexibility, balance and muscle strength have shown great improvements with each and every class. Yes, on those cold days it has not always been easy for the Participants to want to jump right into the water but their positive attitudes and determination make it all worthwhile.

We also try our best to make use of our exercise area, which is available all of the time at the Day Program. We have treadmills, stationary bikes, weights and various other muscle strengthening equipment. Participants are always accompanied by staff when using this area.

If your Participant would like to participate in the swim part of the **Be Strong Program**, please complete the participant application, Be Strong Swimming Information application and release of liability located in the Forms section of this manual. He/she will be evaluated and placed in a class according to their abilities. Our Peckham Park group starts at 9:00 a.m. for a water aerobics class and the YMCA group meets at 12:15 p.m. for the water therapy class.

**The Be Strong Program criteria is as follows:**

1. The Participant must want to participate.
2. The Participant must have basic water skills and be able to stand in 4 ft. of water.
3. The Participant must be able to listen and follow instructions.
4. The Participant must need minimal assistance with dressing.
5. The Participant must want to work hard and have FUN!!!

**Fees**

**FEES ARE DUE IN FULL WITHOUT DEDUCTIONS OR DISCOUNTS FOR ABSENCES.**

The Program fee per day is \$35.00. All fees are due no later than the first day of each month. Tuition may be paid online at [www.thearcofkaty.org](http://www.thearcofkaty.org) or mailed to P.O. Box 6133, Katy, Texas 77491 at least ten (10) days prior to the due date.

Unpaid fees/tuition will result in the forfeiture of a reserved place in our Day Program. To re-enter the Day Program, all fees must be paid in full. If the Day Program has a waiting list, your Participant will be placed in date order on the waiting list. Payment of past due fees after Participant's place has been forfeited does not guarantee an opening in the Day Program. The waiting list must be satisfied first.

There will be a \$30.00 fee for a check returned unpaid for any reason. After 2 returned checks, no further payment will be accepted by check. All future payments must be made by cashier's check or money order.

**HCS Participants**

The Arc of Katy will accept payments from HCS Providers of those Day Program Participants who are in HCS (Home and Community Services) administered by a state designated Authority for IDD. The following policies will be enforced.

The Arc of Katy will invoice the Provider at the end of each month with payments due no later than the 30<sup>th</sup> day of the following month.

The Participant (and/or the parent/legal guardian/representative) is responsible for any tuition not paid for by the Provider. **FEES ARE DUE IN FULL WITHOUT DEDUCTIONS OR DISCOUNTS FOR ABSENCES.**

Before the The Arc of Katy will agree to accept tuition payments from a Participant's Provider, the Participant (and/or his parent/legal guardian/representative) must:

- a. Confirm a contract is in force between The Arc of Katy and their individual Provider. (The Program Committee will work with the Provider of your choice to finalize a contract, but each Participant and their parent/legal guardian/representative are responsible for making sure a valid contract is in place before expecting tuition payments to be made by the Provider.)

- b. Confirm that the Provider has talked with the Day Program Coordinator to establish goals and paperwork requirements.

### **Transportation**

Each parent/legal guardian will be responsible for providing drop off and pick up. Participants will be transported to and from The Arc of Katy activities on The Arc of Katy buses. All Participants must use seatbelts at all times. We hold the right to exclude from this transportation any Participant whose behavior cannot be controlled or when that behavior endangers the lives of the driver or others when transported in The Arc of Katy buses.

### **Health Information**

Parents/legal guardians must inform The Arc of Katy Day Program staff of any specific diet issues, health concerns or types of activities in which Participant may not participate. Safety and well-being is of the utmost importance for Participants at the Day Program

Anyone with a temperature (even if it can be controlled with medication), vomiting, diarrhea, or a communicable illness **MAY NOT ATTEND THE DAY PROGRAM!** Those who become ill after they arrive will have to be picked up as soon as possible after their parent/legal guardian is notified.

In the case of fever, the Participant must be fever free (this is fever free **WITHOUT** the use of medicine to control the temperature) for 24 hours before returning to the Day Program. If you have any questions, please call the Day Program staff prior to sending Participant.

### **Gluten Free**

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 and/or lunch to the Day Program or socials. On “restaurant day” a parent/guardian may meet their Participant at the chosen restaurant to order a special dietary meal. No Arc of Katy staff member/volunteer may order a special meal for a Participant. The Arc of Katy will not be liable should a Participant who is gluten intolerant react to a food listed as “gluten free”.

### **One to One Care**

The Arc of Katy strives to keep Participants safe but cannot offer one to one care. The Arc of Katy strives to maintain a ratio of one (1) Arc staff member to five (5) Participants. If a parent/guardian feels that The Arc of Katy is not meeting their Participant's special needs, it is recommended that said parent/guardian withdraw their Participant for a program that can meet the needs of the Participant. Any remaining tuition will be refunded upon receipt of a written withdrawal addressed to the Program Committee.

### **Administration of Medication**

Staff does not administer medication to Participants. If Participant requires medication during time at Day Program, **Participant must be able to administer their own medication in presence of a staff member. If unable to administer to self, parent/legal guardian must make arrangements for someone, other than staff, to do so.**

**Prescription medicine:** Prescription medicine must be in the original container, legibly labeled and Participant's name and parent/legal guardian must notify Program staff in writing of amount and time of day Participant will be taking medicine. Only medicine with Participant's name and dosage on container should be in possession of Participant. **Participant will administer medicine to self in presence of a staff member**, unless other arrangements have been made. Most medications should only have to be taken once during the time Participant is at the Program. If the prescription calls for 3 times a day, a dose should be given BEFORE coming and AFTER leaving.

**Over the counter medicine: Participant will administer to self in view of a staff member** unless other arrangements have been made. Over the counter medicine must be in the original container with Participant's name written on the container. Parent/legal guardian must notify Program staff in writing of amount and time of day Participant will be taking their medicine.

### **Administration of Sunscreen and/or Insect Repellent**

If sunscreen and/or insect repellent (each being properly labeled with the Participant's name or initials) is needed, please send with the Participant **only if the Participant can apply same to themselves**. Otherwise, please apply these items to the Participant before they arrive at Day Program. Staff is not allowed to apply sunscreen and/or insect repellent to Participants.

### **Accidents**

As the parent/legal guardian, you are required to sign an AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION (located in the forms section of the manual) to obtain medical aid in the event of an accident where medical attention is needed immediately and/or time is critical and you cannot be reached.

In the case of an accident occurring and not requiring immediate emergency room treatment, the parent/legal guardian will be contacted as soon as possible. Participant will be made as comfortable as possible while you are en route to the Day Program or the location of Participant.

### **Nutrition**

Each Participant will bring his/her sack lunch, several bottles of water, something to drink with their lunch and 1 snack for mid-morning. If you wish to provide a special birthday snack, please contact the Program staff prior to the big day! Participants may bring food of their choice to Day Program (snacks, lunch, etc.).

**No food should be sent that requires heating, microwaving and/or refrigeration.**

**We would ask that you please put name and/or initials on all drinks.**

### **Gluten Free**

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 and/or lunch to the Day Program or socials. On "restaurant day" a parent/guardian may meet their Participant at the chosen restaurant to order a special dietary meal. No Arc of Katy staff member/volunteer may order a special meal for a Participant. The Arc of Katy will not be liable should a Participant who is gluten intolerant react to a food listed as "gluten free".



### **Clothing and Personal Need Items**

Simple clothing appropriate for the season, which is suitable for indoors, outdoors, and exercising should be worn. Each Participant shall wear tennis shoes or athletic shoes. Female Participants need to supply their own monthly feminine sanitary items and be able to take care of their own personal feminine needs.

### **Cell Phones, Backpacks, Purses, etc.**

Participants may bring cell phones, backpacks and/or purses, etc. with them. The Arc of Katy cannot guarantee the safety of any items brought to and/or left at the Day Program. Each Participant will be responsible for any cell phone, electronic equipment, backpacks, purses and/or personal items brought to the Day Program.

#### **PLEASE NOTE:**

- The Arc of Katy and/or Program staff/volunteers will not be responsible for any loss, breakage, theft and/or damage of any personal items brought by a Participant.
- The Arc of Katy Program staff will not return to any facility to search for any lost item.

### **Cell Phone Usage During Program Hours**

Cell phones may only be used during approved times.

### **Discipline**

Positive verbal correction will be practiced. Appropriate behavior will be recognized and encouraged. Your Participant will learn by example through the use of fair and consistent rules. They will be redirected by stating alternatives when behavior is unacceptable. They will be helped to understand why their conduct is unacceptable and what is acceptable in a given situation.

The Day Program discipline steps include:

- Social Contract – Treat others how you want to be treated
- Verbal warning
- Cooling-off area or time
- Calling the parent

### **Termination of Enrollment**

Enrollment can be terminated for any of a variety of reasons such as consistent late pickup after 3:00 p.m., vulgar or abusive language toward The Arc of Katy staff or others, non-payment of account and unacceptable behavior.

## **Extended Leave Policy**

### **Extended Leave Policy Without Paying Tuition**

Day Program Participants who have attended at least one full regular session (September – May) may request an Extended Leave Without Paying Tuition. The maximum length allowed for extended leave without paying tuition is one continuous 31-day period. The Participant's place at Day Program will be held for the Participant until the end of the requested extended leave.

The parent/legal guardian/representative of a Participant must notify in writing the Day Program Committee that the Participant wants to take a leave from Day Program prior to the beginning of the requested leave.

### **Extended Leave Policy for Leaves Over One Month**

If a Day Program Participant takes a leave from Day Program that lasts more than one month, or if the Extended Leave Without Paying Tuition is not submitted, the following policy applies:

- If the Day Program has no waiting list at the time a Participant wants to return, the Participant may return to the Day Program when he/she desires.
- If the Day Program has a waiting list, the Participant's position will be filled by the first person on the waiting list. Upon their return to the Day Program, the Participant who took leave from Day Program due to medical reasons will, upon presentation of documentation by their doctor, be placed at the top of the waiting list. All others having taken leave of more than 31 continuous days and have not secured their place by paying their full tuition each month will be added to the waiting list.
- If the Day Program has a waiting list and the Participant wants to keep his/her place at Day Program, they may secure their place by paying their full tuition each month until they return. (Note: The first month's tuition is waived if an Extended Leave Without Paying Tuition is requested and the Participant meets all requirements.)

### **Absent Day(s) / Leave Policy During Summer Program**

Please keep in mind that when you sign up for a Summer Program session, you are obligated to pay for each day your Participant is registered in that session, even if your Participant is absent due to illness, family vacation, or attending another program. To maintain fairness to all of our families, exceptions for absences due to other activities cannot be made.

## **SCHOLARSHIP POLICY AND PROCEDURES**

- The Arc of Katy has agreed to offer scholarships to those in need of assistance for both the Day Program and the Summer Day Program.
- The Arc of Katy Board of Directors will approve a total budget for scholarship funding each year in August and the maximum amount of the scholarship award.
- Scholarship Applications will be reviewed and administered by the Finance Committee and one member of the Day Program Committee.
- Those in need of a scholarship will submit a scholarship application to the Finance Committee Chairman or the Day Program Committee representative by either December 1 (effective January 1) or June 1 (effective July 1) of each year.
- Scholarships will be awarded for a one-year period, not to exceed \$1,200.00 per year and will be submitted and approved each year in December and June. Scholarship recipients' families/guardians must submit a scholarship application for renewal of their scholarship prior to the end of their existing scholarship.
- Consideration of scholarships awards will be based on:
  - Financial need
  - Special circumstances of the individual
  - Program staff evaluation
- Scholarship funds remaining in an individual's account at the end of the Day Program or Summer Program will be transferred into The Arc of Katy Scholarship Fund. Individuals will receive their approved scholarship funds for the days they attend the Day Program or Summer Program. The transfer of credit funds into The Arc of Katy Scholarship Fund is an accounting procedure and does in no way affect the amount of scholarship monies approved for each recipient.

### **Abuse, Neglect and Exploitation**

**Abuse, neglect and exploitation of any person served by The Arc of Katy is prohibited.**

Any suspected abuse, neglect or exploitation of any Participant by any person, including but not limited to, The Arc of Katy Members, The Arc of Katy Board of Directors, The Arc of Katy Day Program staff, and The Arc of Katy Day Program volunteers, should be reported within one hour by calling The Texas Department of Protective and Regulatory Services at **1-800-647-7418**.

### **Parent Involvement**

Parent/Participant involvement is important to the success of the Participant at the Day Program. Should you need to speak with a Day Program staff, please call the Program telephone **(832-754-9802)** during program hours **(8:00 a.m. to 3:00 p.m.)** and leave a message. Staff will return calls as soon as possible.

### **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 Day Program or Summer Day Program.

### **REVOCATION 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.**

# **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](http://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. Permission to Transport and Release of Liability
7. Parent/Legal Guardian/Participant Acknowledgement
8. YMCA Liability Waiver (new one required with registration)

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.

### **REVOCATION 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
- Permission to Transport and Release of Liability
- Parent/Legal Guardian/Participant Acknowledgement
- YMCA Liability Waiver (new one required with registration)

**Participation in the Be Strong program is voluntary. If your Participant would like to participate in the Be Strong Program, please complete and return the following forms.**

- Be Strong” Participant Application
- Be Strong Swimming Information
- Be Strong Program Release
- Peckham Aquatic and Fitness Center Registration/Release Form

**Forms must be notarized**





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**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 Program      Summer Day Program      Social Activities (dances, bingo)**

**(Circle Requested Days of Attendance at Day Program)**

**Monday                      Tuesday                      Wednesday                      Thursday**

**(Circle Requested Days of Attendance at Summer Program)**

**Monday                      Tuesday                      Wednesday                      Thursday                      Friday**

**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 \_\_\_\_\_

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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Does Participant have any allergies?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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Is Participant on a special/restricted diet?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Please attach additional sheet if needed: \_\_\_\_\_

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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): \_\_\_\_\_

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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?

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\_\_\_\_\_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 Program Coordinator, 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
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Name of Clinic or Hospital	Address	Phone
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Insurance Company	Group #
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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
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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:\_\_\_\_\_



**THE ARC OF KATY  
PERMISSION TO TRANSPORT AND RELEASE OF LIABILITY**

\_\_\_\_\_ has my permission to be transported by The Arc of Katy staff for activities arranged by The Arc of Katy to any commercial or public site. Additional releases per visit must be signed by parents for transportation to any other site.

I, the undersigned parent and/or legal guardian, hereby understand that my family member/son/daughter/ward, will be transported to participate 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 permission and release shall be in effect until revoked in writing by me as such 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 Programs Manual. 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 Day Program Manual.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant

YMCA OF GREATER HOUSTON AREA  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT  
(PLEASE READ BEFORE SIGNING)

WHEREAS, THE UNDERSIGNED, on behalf of himself or herself, his or her personal representatives, heirs, and next of kin (herein referred to as "Applicant") wishes to be permitted to enter, observe, use, or participate in the premises, facilities, equipment, and affiliated programs, without respect to location, of the YMCA of the Greater Houston Area (herein referred to as "YMCA Facilities") for any purpose; and in consideration of, and as part payment for the right to enter, observe, use, or participate in the YMCA Facilities for any purpose:

Applicant warrants that Applicant has inspected and considered, or immediately upon entering will inspect and consider the YMCA Facilities, and Applicant accepts the YMCA Facilities as being safe and reasonably suited for Applicant's entry, observation, use, or participation. Applicant further warrants that Applicant understands that it is solely Applicant's responsibility to determine whether there is any medical reason that Applicant cannot or should not enter, observe, use, or participate in the YMCA Facilities for any purpose. Applicant further warrants that Applicant takes full responsibility for Applicant's decision to use or not to use the YMCA Facilities and agrees to follow all safety instructions.

**APPLICANT HEREBY RELEASES, WAIVES, AND COVENANTS NOT TO SUE FOR, AND APPLICANT SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS THE YMCA OF THE GREATER HOUSTON AREA, ITS AFFILIATES, BRANCHES, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, SERVANTS, AND AGENTS (COLLECTIVELY, THE "RELEASED PARTIES") FROM AND AGAINST ANY ECONOMIC OR NON-ECONOMIC LOSSES, LIABILITIES, DAMAGES, SUITS, ACTIONS, CLAIMS, ATTORNEY'S FEES, COSTS, EXPENSES, OR DEMANDS, OF EVERY KIND AND NATURE WHATSOEVER, WHETHER FOR BODILY INJURY, PROPERTY DAMAGE, DEATH, OR LOSS OTHERWISE, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, GROSS NEGLIGENCE OR STRICT LIABILITY OF THE RELEASED PARTIES, OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, ARISING FROM, OR ALLEGED TO HAVE ARISEN FROM, APPLICANT'S PRESENCE, OBSERVATION, USE, OR PARTICIPATION AT OR IN THE YMCA FACILITIES, AND/OR THE PRESENCE, OBSERVATION, USE, OR PARTICIPATION OF ANY FAMILY MEMBER, DEPENDENT, OR GUEST, INCLUDING ANY MINORS, ACCOMPANYING APPLICANT, AT OR IN THE YMCA FACILITIES.**

**APPLICANT VOLUNTARILY AGREES TO INDEMNIFY, HOLD HARMLESS, ASSUME FULL RESPONSIBILITY FOR, AND DEFEND THE RELEASED PARTIES FROM ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE WHILE APPLICANT, APPLICANT'S FAMILY MEMBER, DEPENDENT, OR GUEST, INCLUDING ANY MINORS, ACCOMPANYING APPLICANT, ARE PRESENT IN, OBSERVING, USING OR PARTICIPATING IN THE YMCA FACILITIES, OR ARISING OUT OF OR IN ANY WAY CONNECTED TO APPLICANT'S, APPLICANT'S FAMILY MEMBER, DEPENDENT, OR GUEST, INCLUDING ANY MINORS, ACCOMPANYING APPLICANT, PRESENCE IN, OBSERVATION OF, USE OF OR PARTICIPATION IN THE YMCA FACILITIES, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, GROSS NEGLIGENCE OR STRICT LIABILITY OF THE RELEASED PARTIES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.**

Applicant assumes full responsibility for any items lost or stolen while Applicant is present in, observing, using or participating in the YMCA Facilities.

Applicant gives permission to the YMCA of the Greater Houston Area to use photographs, film footage, or tape recordings which may include Applicant's own image or voice (or that of Applicant's family member, dependent, or guest, including any minors, accompanying Applicant) for purposes of promoting any YMCA Facilities.

Applicant agrees to abide by all rules promulgated by the Released Parties while Applicant or Applicant's family member, dependent, or guest, including any minors, accompanying Applicant, are present in, observing, using, or participating in any YMCA Facilities.

Applicant understands that YMCA of the Greater Houston Area membership and program fees are not deductible as charitable tax contributions.

Applicant also states that Applicant is not under the influence of any chemical substance, including, but not limited to, medications, illegal drugs, and/or alcohol, at the time of execution of this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and will not be under the influence of any chemical substance, including, but not limited to, medications, illegal drugs, and/or alcohol, during the observation, use, or participation in the YMCA Facilities.

Applicant further expressly agrees that this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by Texas law, and that if any portion of this **RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT** is held invalid, Applicant agrees that the balance shall, notwithstanding, continue in full legal force and effect.

Applicant fully understands that Applicant's entrance, observance, use, or participation of or in the YMCA Facilities is **entirely voluntary**. Applicant has read and understood this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, has voluntarily signed this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and agrees that no oral representations, statements, or inducement apart from this written agreement have been made to Applicant.

NAME OF APPLICANT (PLEASE PRINT) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

YMCA MEMBER NUMBER \_\_\_\_\_

SIGNATURE OF APPLICANT (PARENT/GUARDIAN) \_\_\_\_\_

DATE \_\_\_\_\_

**THE ARC OF KATY  
“BE STRONG” PARTICIPANT APPLICATION**

**Participation in the Be Strong program is voluntary. If your Participant would like to participate in the Be Strong Program, please complete and return the following forms.**

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

Date of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Contact Info: Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Disability of Participant \_\_\_\_\_

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1. Medications participant is currently taking (be specific):
  
  
  
  
  
  
  
  
  
  
2. What type of physical limitations does your Participant have? (be specific):
  
  
  
  
  
  
  
  
  
  
3. Does your Participant participate in any type of physical therapy program now and if so, what types of things do they work on? (be specific):
  
  
  
  
  
  
  
  
  
  
4. What type of exercise therapy would you like your Participant to work on? (Prioritize please, 1-6 and be specific in that category of any exercises or goals to work on)

Cardio: (treadmill, elliptical, stationary bike)

Balance:

Muscle strengthening:

Endurance exercises:

Fine & Gross motor skills:

Swimming:

5. What motivates your Participant to do things?
  
6. What are his/her interests or hobbies? (music, bowling, sports teams...)

Please provide us with any additional info you would like us to know about your Participant, please attach an additional sheet if necessary.

**BE STRONG SWIMMING INFORMATION**

IF YOUR PARTICIPANT WOULD LIKE TO PARTICIPATE IN THE SWIM PORTION OF THE PLEASE FILL OUT THE FOLLOWING FORMS AND RETURN TO DAY PROGRAM.

**PARTICIPANT NAME:** \_\_\_\_\_

1. Has your Participant had swim lessons? \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_

2. What type of swimmer would you say your Participant is? \_\_\_\_\_

3. Which class would you like your Participant to participate in:

Water Aerobics \_\_\_\_\_ Water Therapy \_\_\_\_\_

**BE STRONG PROGRAM RELEASE**

I, \_\_\_\_\_, or the undersigned parent and/or legal guardian of \_\_\_\_\_ hereby understand that I/my family member/son/daughter/ward will be participating in The Arc of Katy BE STRONG physical rehabilitation program at my/his/her own risk. I further hereby release and hold harmless 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 me, 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 BE STRONG physical rehabilitation program.

I understand that in the event of any accident I may sustain relating to or from The Arc of Katy BE STRONG physical rehabilitation program, 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, I/my family member/son/daughter/ward will NOT be allowed to participate in the BE STRONG physical rehabilitation program of The Arc of Katy. This release shall be in effect until revoked in writing by parent and/or legal guardian of or Participant and such written revocation 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 \_\_\_\_\_

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: \_\_\_\_\_

# 2018 PECKHAM AQUATIC AND FITNESS CENTER

## Registration/Release Form

Please Print. No initials or nicknames.

Forms will be updated every January.

Your Last Name										Date of Birth:		Month		Day		Year	
First Name																	
Spouse Last Name										Date of Birth:		Month		Day		Year	
First Name																	
Minor Child Last Name										Date of Birth:		Month		Day		Year	
First Name																	
Minor Child Last Name										Date of Birth:		Month		Day		Year	
First Name																	
Minor Child Last Name										Date of Birth:		Month		Day		Year	
First Name																	
Address																	
Apt.										City							
#																	
Zip										County				Check box when applicable			
														<input type="checkbox"/> HCPO <input type="checkbox"/> KCL			
Phone Numbers																	
- - - -																	
E-mail Address																	
Emergency Contact Name																	
Emergency Phone																	
- -																	

In signing the registration form below, I, the undersigned, agree to, and do hereby, expressly **release Harris County, its officials and employees, both jointly and severally, from any and all damages and liability, including but not limited to negligence and/or gross negligence,** which may be incurred by me/(my child) as a result of participation in activities at this facility.

\_\_\_\_\_ Date

\_\_\_\_\_ Participant/Parent/Guardian Signature