

# THERAPEUTIC RECREATION PROGRAM

## Winter 2024 Program Registration

Registration Processing: Begins December 14th, 2023



Mail to:  
LINK ASSOCIATES  
1452 29th St.  
West Des Moines, IA  
50266

SEND NO MONEY WITH YOUR REGISTRATION.  
CONFIRMATION LETTERS WILL BE SENT OUT ONCE  
YOUR REGISTRATION IS PROCESSED.

\* Place a check by the program you are wanting to register for. Please refer to brochure for program times, dates, and costs. Registrations accepted on a first come first served basis.

Check this box if any information provided is new or updated

Participant's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Street) (City) (State)

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Email \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

### New Programs/Special Events: (Includes Registration Fee)

- \_\_\_\_\_ New Years PJ Movie Night (\$27)
- \_\_\_\_\_ Cultural Culinary Class (\$40)
- \_\_\_\_\_ Happy Hearts Hop (\$16)
- \_\_\_\_\_ Cake Wars (\$25)
- \_\_\_\_\_ LARPING (\$40)

### New Adventures Day Camp:

- \_\_\_\_\_ Lego Day Camp (\$350)
- \_\_\_\_\_ Astrology Day Camp (\$350)

### S.O. Athletic Programs:

- \_\_\_\_\_ Bocce (\$40)
- \_\_\_\_\_ Soccer (\$40)
- \_\_\_\_\_ Swimming (\$40)
- \_\_\_\_\_ Track & Field (\$40)

### Fun & Fitness:

- \_\_\_\_\_ Gym Class Heroes Session 1 (\$30)
- \_\_\_\_\_ Gym Class Heroes Session 2 (\$30)
- \_\_\_\_\_ Winter Sports Series (\$35)
- \_\_\_\_\_ Glow Dance Fitness (\$20)
- \_\_\_\_\_ Snowflex Tubing (\$75)

### Overnight Club Travel:

- \_\_\_\_\_ Galena, Illinois (\$875)

### River City Spinners:

(Includes fee, tickets, & meals)

- \_\_\_\_\_ HuHot Restaurant (\$40)
- \_\_\_\_\_ Dave & Busters (\$65)
- \_\_\_\_\_ Iowa Wild (\$47)
- \_\_\_\_\_ Mamma Mia (\$70)
- \_\_\_\_\_ Go-Kart Racing (\$83)
- \_\_\_\_\_ Escape Room (\$47)
- \_\_\_\_\_ Half Priced Books (\$15)
- \_\_\_\_\_ Ballroom Dancing (\$40)
- \_\_\_\_\_ Pottery Sculpting (\$15)
- \_\_\_\_\_ Movie Night (\$27)
- \_\_\_\_\_ Iowa Wolves (\$45)
- \_\_\_\_\_ Smokey D's Restaurant (\$45)
- \_\_\_\_\_ Coffee Cats (\$25)
- \_\_\_\_\_ Picture Frame Art Class (\$70)
- \_\_\_\_\_ Bowling (\$45)
- \_\_\_\_\_ Prairie Meadows (\$15)

### Office Use Only

Activity Totals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Day Trip Club Travel:

- \_\_\_\_\_ Union Pacific Railroad Museum (\$75)
- \_\_\_\_\_ Top Golf (\$115)
- \_\_\_\_\_ Minnesota Wild Hockey Game (\$285)
- \_\_\_\_\_ IFLY Indoor Skydiving (\$187)

### Community Art Connection:

- \_\_\_\_\_ Faux Tattoo (\$10)
- \_\_\_\_\_ Harmonica Man (\$20)
- \_\_\_\_\_ Caricatures (\$10)
- \_\_\_\_\_ Cupcake Decorating (\$10)
- \_\_\_\_\_ Calligraphy Class (\$10)

## Photo Consent Agreement & Hold Harmless, Consent, & Waiver

I grant permission for photographs, testimonials, and/or video tapes as a participant to be used by Link Associates Therapeutic Recreation Program or sponsoring agencies for the purpose of education, program promotion, and public relations, (i.e. Link slide presentations, pictures on display boards, brochures, website, Link social media, videos or other publications.) Because the TR program is community based I understand that there is a possibility that my photograph may be used in all forms recognized as community media. I understand that if I revoke consent in the future, all materials published prior to the date that consent is revoked may continue to remain in existence either in print or electronically. Revoking consent only applies to materials yet to be published or created. I understand that a photo may be used in emergency purposes. If participating in Special Olympics, I am aware and in agreement, for all Special Olympics activities i.e. practices, scrimmages, competitions, etc. Link Associates will adhere to the Special Olympics photo consent policy.

I hereby agree to hold harmless Link Associates, its agents, officers, board members, volunteers and employees from any and all liability for personal injuries or damages I may hereafter sustain while participating in traveling to and from, or from observing the sponsored activities. The individuals listed above have my permission to participate in the listed programs. In consideration of your acceptance of my participation, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may now or hereafter have against the TR Program, Link Associates, Dowling Schools, Mid-American RecPlex, Valley Community Center, MVP Sports, Ankeny, Urbandale, West Des Moines, & Des Moines Parks and Recreation, Bowlerama, YMCA or any of the afore-mentioned subsidiaries, affiliates, employees or agents for any and all injuries suffered by me in said programs/activities for the period of January 1, 2024- December 31, 2024. I certify that I have full knowledge of the risks involved in leisure/recreation activities and that I am physically fit and have no medical or physical conditions that prevent my participation.

### THIS FORM MUST BE SIGNED IN ORDER TO PROCESS YOUR REGISTRATION!

I (participant and/or guardian) have read and understand the TR Services policies and procedures included in the TR brochure and Registration form. By signing this form, I understand and agree with the Photo Consent Agreement and the Hold Harmless, Consent, and Waiver Agreement.

Person Legally Responsible (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

If you would like a copy of this release please call the TR Department at 515-262-8888



# PARTICIPANT CONTACT INFORMATION

Winter 2024

Registration Processing Begins: December 14th, 2023



## Participation Information:

Check this box if any information provided is new or needs updated/if not you can skip this section

Behaviors to encourage (describe here): \_\_\_\_\_

Behaviors to discourage (describe here): \_\_\_\_\_

Health &/or behavior concerns that may affect participation (describe here): \_\_\_\_\_

## Participant Information (REQUIRED):

Check this box if any information provided is new or needs updated/if not you can skip this section

Residential Provider: \_\_\_\_\_

Agency Supervisor: \_\_\_\_\_ Emergency Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payee: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Check this box if you would want the Leisure Department to bill the payee

Hospital Preference: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact Person (REQUIRED):

Check this box if any information provided is new or needs updated/if not you can skip this section

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Email: \_\_\_\_\_

Notes (any info you would like to share about participant):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROGAM EVALUATION DATA (REQUIRED):

*The following information is required for program evaluation purposes and funding proposals for the continuation of Leisure Services. This information is also necessary to inform our staff of the individuals enrolled, so that they may better structure activities. This information will be kept confidential and will only be available to Leisure Services personnel.*

### Place a (X) by the participant's primary disability:

- Developmental       ID Profound
- Borderline         Autism
- ID Mild             Other
- ID Moderate
- ID Severe

### Place a (X) by the participant's secondary disability:

- Autism             Emotional/Behavioral Disability
- Cerebral Palsy    Wheelchair Assistance
- Visually Impaired  Diagnosed Mental Illness
- Hearing Impaired  None Reported
- Seizure Disorder  Other
- Physical Disability

### Place a (X) by the participant's current living arrangement:

- Independent (individuals with NO Scheduled support)
- Independent (individual living with family with no support)
- Individuals with 2-30 hours with SCL support per week
- Individuals with 31-90 hours SCL support per week
- Individuals 91-167 hours SCL support per week
- Individuals with 24 hours of support per day

### Place a (X) by the participant's ethnic group:

- Caucasian/White       Native Indian/Alaskan
- Hispanic               Native Hawaiian
- Asian                   Other
- African-American/Black