

THERAPEUTIC RECREATION PROGRAM

Summer 2024 Program Registration

Registration Processing: Begins April 15th, 2024



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 _____

Special Olympics Athletes Only

New Programs/Special Events:

(Includes Registration Fee)

- _____ Rollerskating (\$27)
- _____ Board Game Night (\$15)
- _____ Ode to Summer: Beach Party (\$15)
- _____ Ecosystem Terrariums (\$45)

River City Spinners:

(Includes fee, tickets, & meals)

- _____ Axe Throwing (\$75)
- _____ Laser Tag (\$40)
- _____ Fishing (\$25)
- _____ Putts & Pins (\$65)
- _____ IHOP (\$50)
- _____ Farmers Market (\$20)
- _____ STOMP (\$76)
- _____ Brass Armadillo (\$30)
- _____ Cracker Barrel (\$50)
- _____ Paddle Boarding (\$35)
- _____ Classic Frozen Custard (\$30)
- _____ ICUBS (\$50)
- _____ Smash Room (\$100)
- _____ Movie Night (\$32)

New Adventures Day Camp:

- _____ Olympics Day Camp (\$350)

S.O. Athletic Programs:

- _____ Softball (\$45)
- _____ Volleyball (\$45)
- _____ Flag Football (\$45)

Fun & Fitness:

- _____ Gym Class Heroes AM (\$99)
- _____ Gym Class Heroes PM (\$99)
- _____ Walk DSM (\$10)
- _____ Water walking (\$30)

Overnight Club Travel:

(Includes fee, admissions, meal, transport & Lodging)

- _____ Kansas City, MO Baseball Trip (\$566)

Day Trip Club Travel:

- _____ American Gothic House & Center (\$110)
- _____ Matchstick Marvels Museum (\$110)
- _____ Grotto of Redemption (\$105)

Community Art Connection:

- _____ String Painting (\$30)
- _____ Guided Journaling (\$15)
- _____ Washi Tape Art (\$19)
- _____ Air Dry Clay (\$30)

Office Use Only
Activity Totals:

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, 2025. 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

Summer 2024

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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: _____ Medicaid Tier Number (Circle): 1 - 2 - 3 - 4 - 5 - 6

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 the TR Program. 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 TR 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