



Alameda Recreation and Park Department
2226 Santa Clara Ave., Alameda, CA 94501
(510) 747-7529 – arpd@alamedaca.gov

FRIENDS CONNECT REGISTRATION FORM

The City of Alameda Recreation and Park Department (ARPD) offers a recreation program designed for tweens/teens in Grades 6-12 with developmental disabilities and social challenges residing in the city of Alameda. Friends Connect promotes respect, self-expression, independence, and enhanced social connections with their peers through a variety of carefully selected activities.

1. PARTICIPANT'S LAST NAME _____ FIRST NAME _____
2. ADDRESS _____ CITY _____ ZIP _____
3. HOME PHONE (_____) _____ CELL PHONE (_____) _____ DATE OF BIRTH ____/____/____
EMAIL _____ AGE _____ GRADE _____ SCHOOL _____
☐ MALE ☐ FEMALE LIVES WITH: ☐ FAMILY ☐ OTHER _____
4. **NAME OF PARENT/GUARDIAN #1** _____
PARENT/GUARDIAN #1 ADDRESS (IF DIFFERENT THAN PARTICIPANTS) _____
CITY _____ ZIP _____
HOME PHONE (_____) _____ CELL PHONE (_____) _____
WORK PHONE (_____) _____ E-MAIL ADDRESS _____
NAME OF PARENT/GUARDIAN #2 _____
PARENT/GUARDIAN #2 ADDRESS (IF DIFFERENT THAN PARTICIPANTS) _____
CITY _____ ZIP _____
HOME PHONE (_____) _____ CELL PHONE (_____) _____
WORK PHONE (_____) _____ E-MAIL ADDRESS _____
5. IS THE PARTICIPANT A CLIENT OF THE REGIONAL CENTER? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:
CASEWORKER'S NAME _____ PHONE NUMBER (_____) _____
E-MAIL ADDRESS _____

*Alameda Recreation and Park Department Staff are unavailable to provide assistance with the following activities of daily living (ADL): eating, toileting, and walking. Participants needing assistance in these areas should let ARPD Staff know prior to registration. In some instances, participants may be required to bring an aide or attendant

WILL THIS PARTICIPANT REQUIRE AN AIDE/ATTENDANT? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN, AND PROVIDE FULL NAME AND PHONE NUMBERS FOR AIDE:

RELEASING YOUR TEEN

DOES YOUR TEEN HAVE YOUR PERMISSION TO SIGN THEMSELF OUT? ☐ YES ☐ NO

Please be on time when picking up/ signing out your teen. Parents/guardians will incur a \$1 per minute late fee for each minute they are late picking up their child.

ATTENDANCE POLICY

The success of the Friends Connect program relies on regular attendance from participants. Participants are expected to attend all meeting dates unless they are ill or experiencing a personal or family emergency. Participants who miss 3 out of 8 meetings will be dismissed from the group. Participants with excellent attendance will be given enrollment preference in future sessions.

EMERGENCY CONTACT INFORMATION

PLEASE PROVIDE TWO ADDITIONAL EMERGENCY CONTACTS:

1. FULL NAME _____ RELATIONSHIP _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

2. FULL NAME _____ RELATIONSHIP _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

MEDICAL RELEASE: *I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the participant in case of an emergency and in the event that the parent/guardian cannot be contacted.*

PHYSICIAN TO BE CALLED IN CASE OF EMERGENCY

NAME _____ OFFICE PHONE (_____) _____

ADDRESS _____ CITY _____ ZIP CODE _____

MEDI-CAL NUMBER _____

MEDICAL INSURANCE PROVIDER _____ INSURANCE NUMBER _____

MEDICAL CONDITIONS & HEALTH CONCERNS

PRIMARY DISABILITY/DIAGNOSIS _____

LIFE THREATENING ALLERGIES _____

MILD ALLERGIES _____ REACTION _____

DOES THE PARTICIPANT TAKE MEDICATION(S) OR CARRY AN EPI PEN? ☐ YES ☐ NO

IS THE PARTICIPANT SUBJECT TO SEIZURES? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

TYPE _____ DURATION _____

WARNING SIGNS _____

DATE OF LAST SEIZURE: ____/____/____

WHAT IS THE SEIZURE PROTOCOL? _____

Please alert Staff if participant will require medication during a specific program. If any medication(s) need to be administered during program hours, a Medication Authorization Form **must be completed.**

MEDICATION	TIME	DOSAGE	PURPOSE	SIDE EFFECTS

LIVING SKILLS

PLEASE CHECK ALL THAT APPLY AND EXPLAIN AREAS THAT STAFF SHOULD BE AWARE OF:

COMMUNICATION

___ IS VERBAL
___ VERBAL (HARD TO UNDERSTAND)
___ SIGN LANGUAGE
___ IS NON-VERBAL

MOBILITY

___ INDEPENDENT
___ WITH SUPPORT
___ WHEELCHAIR
___ RESTRICTED WALKING

TOILETING

___ INDEPENDENT
___ SUPERVISION
___ NEEDS REMINDER
___ NEEDS ASSISTANCE

FEEDING

___ INDEPENDENT
___ ASSISTANCE WITH CUTTING FOOD
___ DEPENDENT

DIET

___ DIABETIC
___ LOW SODIUM
___ REGULAR
___ FOOD RESTRICTONS

ACTIVITY OR ADAPTIVE EQUIPMENT LIMITATIONS (IF ANY)

SOCIAL SKILLS

COOPERATES WITH:	___ STAFF/ADULT	___ FRIENDS/PEER GROUP	
READILY PARTICIPATES:	___ IN NEW SITUATION	___ IN SMALL GROUP	
INTERACTIONS:	___ INITATES	___ NEEDS PROMPTING	___ REJECTS
PREFERS COMPANY OF:	___ SELF	___ STAFF/ADULTS	___ FRIENDS
MANAGES FEELINGS:	___ APPROPRIATELY	___ NEEDS TIME/SPACE	___ OTHER: _____
HAS TROUBLE	___ MAKING FRIENDS	___ KEEPING FRIENDS	___ REJECTS FREINDS

WHAT SOCIAL CHALLENGES DOES YOUR TEEN STRUGGLE WITH? _____

PLEASE DESCRIBE YOUR TEENS PERSONALITY _____

PLEASE LIST THE TYPE OF THERAPY YOUR TEEN IS CURRENTLY RECEIVING (SPEECH, SOCIAL, TUTORING, SENSORY)

ADAPTIVE SKILLS/OTHER CONSIDERATIONS

Does the Participant display signs of aggression or maladaptive behavior? ☐ YES ☐ NO

If yes, what triggers/aggravates the behavior? _____

What strategies or interventions do you recommend? _____

Is participant sensitive to light or noise? ☐ YES ☐ NO

If yes, how does Participant cope or how can staff accommodate the participant? _____

Is the participant a "runner" (does he/she run away unexpectedly?) ☐ YES ☐ NO

If yes, what are your suggestions for dealing with this behavior? _____

Is there anything else you would like us to know about the participant? Any and all information will help our staff provide the best service possible: _____

Is there a Behavior Plan for the participant? ☐ YES ☐ NO (If yes, please submit a copy with the registration form).

PARENT/GUARDIAN AGREEMENT

I acknowledge every effort will be made to contact the parent/guardian in the event of a medical emergency. If I cannot be reached, I authorize the ARPD staff to seek appropriate medical assistance (physician, dentist, nurse, etc.) to care for the participant.

I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be given during the program.

I give permission for the participant to be transported in vehicles provided by the City of Alameda.

The Friends Connect program reserves the right to release the participant from the program if, after a trial period, circumstances reflect that it is not in the participant's or program's best interest to continue in the program.

I will notify the ARPD staff if the participant contracts a contagious disease. Note: This information will remain confidential.

By signing below, I acknowledge the participant is physically capable of participating in the Friends Connect program and activities.

I agree to abide by the City of Alameda Recreation and Park Department's late pick up policy and will pay any fees incurred. I understand that a copy of this policy will be provided to me at my request.

I understand the Friends Connect attendance policy.

I understand that there may be additional forms required for participation in the ARPD Friends Connect program.

I understand that the completion and submittal of this registration packet does not guarantee enrollment in the Friends Connect program.

LIABILITY WAIVER

1. Undersigned hereby releases, waives and discharges the City of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or **while using the premises or facilities or equipment, including AED machines, or program transportation thereon.**

PHOTO CONSENT:

Undersigned authorizes the City of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

☐ Check here if you **DO NOT** give photographic consent.

CONSENT TO TREAT:

I hereby give my consent for the City of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.

☐ Check here if I **DO NOT** consent to treat and I request that medical or surgical services be withheld.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

Parent/Guardian Printed Name _____

Parent/ Guardian Signature _____ Date _____

Please return completed registration form to:

FRIENDS CONNECT
Alameda Recreation and Park Department
2226 Santa Clara Avenue, Alameda, CA 94501

FRIENDS CONNECT GOALS

1. Provide a physically and emotionally safe place for teens with developmental disabilities to have an afternoon out to be social and have fun!
2. Provide a setting where social and behavioral expectations are modeled and practiced by teens with developmental disabilities and social challenges.
3. Build a social network and community for teens with developmental disabilities and their families.

FRIENDS CONNECT CODE OF CONDUCT AND PROGRESSIVE DISCIPLINE POLICY

The Alameda Recreation and Park Department has developed FRIENDS CONNECT to meet the specialized recreational needs of tweens/teens with developmental disabilities in our community.

ARPD staff, along with Friends Connect members, will establish rules and group agreements once meetings begin. We hope these guidelines will ensure an enjoyable and welcoming program where all participants feel safe, respected and comfortable.

ARPD staff will make every effort to support Friends Connect participants and their specific needs in order to mitigate behavioral incidents and disciplinary action. In the event that behavioral incidents occur, ARPD staff will follow progressive disciplinary action. Disciplinary action will vary depending on the severity of the incident, and may include:

- Verbal warnings and counseling with ARPD staff.
- Parent/guardian notification. Participant being asked to leave early with parent/guardian pick-up.
- Confiscation or banning of personal items (e.g. cell phone, etc.) that may be causing the disturbance.
- Incident report(s) completed by ARPD staff.
- Meeting to discuss behavioral concerns with ARPD staff member, parent/ guardian and participant.
- Participant being placed on a Behavior Contract, with parent/guardian and participant acknowledging: misbehavior, expectations for behavior going forward, and consequences if misbehavior continues.
- Participant suspension or expulsion from Friends Connect at the discretion of ARPD staff.

By signing below, I acknowledge that I have read and understand the Friends Connect Code of Conduct and Progressive Discipline Policy.

Participant's Signature

Date

Participant's Name (please print)

Parent/Guardian's Signature

Date