



Betty Hardwick Adaptive Recreation Center

2609 South 7th Street at Rose Park

Our mission: Empowering people to live their best lives.

PROGRAM HOURS:

Monday-Friday 8:00 am - 2:30 pm

PROGRAM FEE:

\$50.00 per month for community participants only

HCS, ICF, TxHmL participants require a contract prior to attending

PROGRAM OFFERS:

- Integrated Classes
- Special Olympics
- Dances (Quarterly)
- Bowling
- Field Trips and Special Events
- Arts and Crafts
- Other choices such as: Fitness, educational and Life Skill Classes.
- Hot Nutritious Lunches served daily.

ELIGIBILITY REQUIREMENTS

- Individuals with below average intellectual functioning (IQ of 69 or lower)
- Individuals with Autism or Pervasive Development Disorder
- Must be at least 17 years old in order to attend.
Must be evaluated as being mature enough to attend classes/activities and participate in them.
- Must have self-help skills. Must be able to attend structured classes and activities without being disruptive to the programs offered.
- Must be able to understand and carry out instructions given out by staff.

IN THE MAINSTREAM

If you wish to participate in any of the activities listed throughout the brochure and need special accommodations, let us know so we can attempt to make arrangements.

VOLUNTEER OPPORTUNITIES

ARC is always in need of volunteers who have a passion in assisting individuals with disabilities through recreation programs. Please contact the ARC office if you are able to be an instructor for crafts, teach a basic foreign language, lead presentations on foreign countries, or assist with field trips.

SPECIAL OLYMPIC OPPORTUNITIES

ARC offers several sport programs for Special Olympic athletes. Sports offered are as follows:

Power Lifting	Basketball
Track & Field	Soccer
Badminton	Disc Golf
Aquatics	Softball
Golf	Flag Football
Bocce	Bowling
Volleyball	Pickle Ball (to come)

Athletes must have a current Special Olympic Physical form on file to be able to practice and to compete.

MONTHLY CALENDAR

ARC distributes a monthly calendar of activities that detail class information, field trips, and more. If you would like to receive this calendar, call and have your name added to our mailing (e-mail) list.

For additional information:

325-670-5000

or

325-670-5003

Mailing Address:

2616 S. Clack St. Abilene, TX 79606

www.lchastain@bettyhardwick.org or

www.thayhurst@bettyhardwick.org

Follow us on Facebook:

www.facebook.com/AdaptiveRecreationAbilene

Parent, Provider, or Guardian complete this form and return to:

**Betty Hardwick
Adaptive Recreation Center
Attn: Luann Chastain
2616 S. Clack St.
Abilene, TX 79606 325-670-5000 fax: 325-670-5010**

Adaptive Recreation Center Participant Profile Form

Date _____ Email: _____

Participant Name _____
Last First Middle

Gender: ___ Male ___ Female ___ Non-Binary

Address _____
Number Street City State Zip Code

Telephone: _____ (Home) _____ (Cell)
_____ (Work) _____ (Other)

Birth Date: _____ Age: _____ (Cell) _____

Parent^{}/Guardian Information** (** Legal guardianship paperwork must be attached)

Name _____ Email: _____

Address _____
Number Street City State Zip Code

Telephone: _____ (Home) _____ (Cell)
_____ (Work) _____ (Other)

Provider/Agency (if applicable): _____

Address _____
Number Street City State Zip Code

Phone: _____
Office Group Home Cell

Service Coordinator Name: _____

House Manager Name: _____

EMERGENCY CONTACT INFORMATION

In case of emergency: Name an individual to notify in the event parents, provider, or guardian cannot be reached.

Name: _____

Address: _____

Number

Street

City

State

Zip Code

Telephone: _____ (Home) _____ (Cell)

_____ (Work) _____ (Other)

Relationship: _____

Participant attends school?

___ Yes ___ No If yes, where? _____

Is participant employed?

___ Yes ___ No If yes, where? _____

Participant's T-shirt size: (Please circle choice.)

S

M

L

XL

XXL

XXXL

XXXXL

The purpose of this questionnaire is to secure information from the participants in our program in order to develop programs especially designed for the special needs of our participants. Responses to this questionnaire will not prohibit anyone from participation in the programs. Please check the Following Self-help Skills: **(Please Answer All Questions)**

Does participant Toilet independently? Yes ___ No ___

Does participant Dress self? Yes ___ No ___

Does participant Feed self? Yes ___ No ___

Does participant Communicate basic needs? (If yes, how?) Yes ___ No ___

Assistance Required:

with walking, such as crutches, braces, walker, etc.?

Yes ___ No ___

List type: _____

Use wheelchair?

Yes ___ No ___

Special Diets: Diet restrictions? (If yes, please list.) Yes ____ No ____

1. _____ 2. _____
3. _____ 4. _____

***Bring prepared lunch if special accommodations needed.**

Food Allergies: (If yes, please list.) Yes ____ No ____

1. _____ 2. _____
3. _____ 4. _____

Other Allergies: (to insect bites?) (If yes, please list.) Yes ____ No ____

1. _____ 2. _____
3. _____ 4. _____

Contagious or infectious condition: (If yes, please list.) Yes ____ No ____

1. _____ 2. _____
3. _____ 4. _____

History of Seizures: (If yes, list what type and date of last seizure.) Yes ____ No ____

1. _____ Date _____
2. _____ Date _____
3. _____ Date _____
4. _____ Date _____

Diagnosis / Type of disability:

Specific information about the disability:

Behavior Management: To better serve your needs, list challenges our ARC staff should be aware of:

Describe any actions, noises and/or environmental factors that might trigger a behavioral challenge for the participant:

Describe any signs, that your participant may exhibit, that could assist staff, in redirecting impending behavior:

List fears or dislikes:

Physical limitations or restrictions on the participant's activities: Yes ___ No ___

If yes, please explain: _____

Medical/hospital insurance: Yes ____ No ____

If so, give the name of the company and policy #:_____

(This information will expedite treatment of the participant should it become necessary, in case of an emergency.)

RELEASES FOR ADAPTIVE RECREATION

I realize that acceptance of the applicant in the Betty Hardwick Adaptive Recreation Center Program is dependent upon ability to conform to the rules and regulations. In the event, the applicant cannot perform in accordance with such rules he/she may be suspended from the program.

I hereby release Betty Hardwick Center, its officers, members, staff, agents from any liability or responsibility; other than exercising ordinary care in the mental or physical condition of the applicant.

Agreement for services is made with informed consent and as such consent may be revoked and services discontinued at any time.

Applicant Name (Print)

Signature

(Date)

Parent, Guardian, Agency Representative

Signature

(Date)

ARC Staff Signature

(Date)

EMERGENCY MEDICAL RELEASE

In case of a medical emergency, I understand that every effort will be made to contact parent, guardian, or provider of the participant. In the event that I or my preferred doctor (**doctor's name & phone**) _____ cannot be reached, I hereby give permission for _____ (**participant's name**) to be transported to the nearest hospital and authorize the hospital (**hospital preference**) _____ for immediate treatment.

Parent, Guardian, Provider signature

Parent / Guardian printed name

Participant name

Date

ARC Staff Signature

BETTY HARDWICK CENTER ADULT CLIENT CONSENT AND RELEASE

I, _____ will be participating in the swimming activities at _____ in conjunction with my treatment at the BETTY HARDWICK Center (the Center) voluntarily upon my own decision to do so. I am in good physical health and my physical health will not prevent me from participating in this activity. *If requested to do so, I have provided to the Center, a physicians release stating that I am in good health and may participate in this activity.*

The Center staff is providing the opportunity to participate in the activities organized by Center staff, and I am willing to participate at my own risk. The Center is not responsible for any injury to me while participating in any/all activities, including but not limited to utilizing the exercise/weight room.

In consideration for providing access to this activity and allowing me to participate in it, I agree that I will not hold the Center or Center staff responsible if I am injured while participating in these activities.

The Center staff has explained the meaning of this document and I have had the opportunity to ask any questions and be provided answers and/or clarification. By signing this Consent and Release, I acknowledge that I have read, understand and agree to the above statements.

Parent, Guardian, Provider Signature

Date

Printed Name

Participant Signature

Date

ARC Staff Signature

Date

BETTY HARDWICK (ARC) PHOTO AND VIDEO RELEASE

Adaptive Recreation always wants to honor our participants' accomplishments, and this is often in print and television media. However, we do understand that circumstances may not always make this possible. We want all our participants and their families to be comfortable with their experience and understand that their privacy is of utmost importance to Betty Hardwick Center. Please take the time to fill out this brief release so that your wishes will be clear to the staff at Adaptive Recreation, enabling us to continue providing a quality experience to you and your family.

☐ I do give permission

☐ I do not give permission

for release of any publicity, pictures, film, or tapes of

(_____) Print Participants Name

which would assist in promoting and providing recreational services for persons with disabilities. This permission/denial also extends to use in the Betty Hardwick Newsletter, social media and website.

NAME OF PARTICIPANT (Please Print)

GUARDIAN/PROVIDER (Please Print)

(If Applicable)

PHONE NUMBER: _____

HOME

CELL

WORK

Participant Signature

Date

Provider/Family/Agency Signature (if applicable)

Date

ARC Staff Signature

Date

- COVID/Flu Guidelines will be followed: temps upon check-in, if there are any symptoms related to COVID/Flu, participant will be unable to remain at the program. **Sick Policy:** participants sent home sick will be expected to stay out a minimum of 24 hours, or until symptoms are gone without the use of medications.
- All participants are required to be signed in upon arrival and departure by the person dropping off and picking up. (please print legibly) If you are not able to do so, due to mobility or medical reasons please ask for a Pick-up Exemption Form to complete and turn in.
- **IMPORTANT:** Lunches-hot lunches are free to participants but do come at a cost to the program. It is important that we are good stewards of BHC/United Way funds to ensure the program continues to run efficiently. **Deadline to order OR cancel a hot lunch for the day is 8:45 a.m.** the day of attendance, if not please pack a lunch to stay cool that will not need refrigeration on heating.
- Program time is 8 a.m.- **2:30 p.m.** Please make sure transportation arrives by **2:30 p.m.** to avoid a \$7 late fee due at the time of pick-up.
- **Cell phone policy:** we realized the need for participants to have personal cell phones. In saying that, due to the distraction and disruption cell phones are required to be turned off during the hours of 8-2:30pm. Phones should not be shared. We ask if the family needs to contact the participant to call the main line to speak to them at any of these numbers-670-5000 or 670-5003. The participants will have access to the phone to make a call and are asked to be courteous and keep calls short.
- Please leave personal items, electronics etc. at home, we will have many activities to keep participants involved and we cannot guarantee their safe return. Storage space is very limited for necessities, such as a change of clothing. Bags and personal items should be labeled with name please.
- **Dress code**-please wear appropriate clothing for the weather and appropriate for the program activities each day. **No sandals** please we are an active program.
- On days we will be outdoors, on field trips etc., please come wearing your sun block and hat.
- Field trip costs are not included in the fee for the program. Field trip forms and fees must be turned in to get on the list for field trips.
- Participants will need a signed note from **parents, provider or LAR** to leave the program/campus to smoke as Betty Hardwick/Adaptive Recreation is a smoke free facility. Smoke breaks will NOT be monitored by ARC staff and will be limited to 1 a day.
- Just a reminder that all participants will be encouraged to participate in organized activities and should plan on attending classes offered. We have a lot to choose from but for safety and supervision we need to have participants engaged so please help us encourage that.
- Bartering, borrowing, selling, giving away personal items including but not limited to food and tobacco products is not allowed during Adaptive Recreation hours.
- **Medication Procedures:** For participants who take medications that need to be observed while at Adaptive Recreation, please provide a week's worth of medication in a bottle or bubble pack for the month with a **current** pharmacy label showing the **CORRECT MEDICATION** and **DOSAGE**. If the meds or dosages change, please provide a new pharmacy label that reflects the change. **VERBAL CHANGES WILL NOT BE ACCEPTED. All medications must be checked in AND counted in with staff at the time of drop-off. NO EXCEPTIONS.**

Name (Print)

Signature

Date

Parent, Guardian, Agency Representative

Signature

Date