



RECREATION REGISTRATION FORM

Winter 2018
January/ February/ March

Registration Instructions:

- All participants must be registered with the Family Support Services Dept. before attending any activity.
- A current (within 2 years) Participant Information Form (PIF) must be on file in order to attend any recreation programs.
- Mail completed Registration Form with payment and required documentation to:
 - The Arc, Ocean County Chapter ATTN: Sally Stoneham, 815 Cedar Bridge Avenue, Lakewood, NJ 08701
- Please contact Robin Collins X117 for questions regarding Recreation Programs.

<input checked="" type="checkbox"/>	PROGRAM	COST	DATES
	Northern Saturday Recreation	\$75	1/6 1/20 1/27 2/3 2/10 2/24 3/3 3/10 3/17 3/24
	Southern Saturday Recreation	\$75	1/6 1/20 1/27 2/3 2/10 2/24 3/3 3/10 3/17 3/24
	Western Saturday Recreation	\$75	1/6 1/20 1/27 2/3 2/10 2/24 3/3 3/10 3/17 3/24
	Club Night North	\$60	1/10 - 3/28 (12 weeks)
	Club Night South	\$72	1/3- 3/28 (12 weeks)
	Winter Mittens	\$	1/9- 2/13 Separate Registration Form, enclosed
	Friday Theme Dances-2X a month	\$24	1/5 1/26 2/2 2/9 3/2 3/16
	Barnegat Dance	\$28	1/19 2/23 3/9 3/23
	Ocean Rollers Bowling	\$25	January 8- June 11 \$2.75 per game/paid at alley
	Southern Stars Bowling	\$20	January 8 th - June 18 th **(\$7 for 2 games- paid at alley)

Total Amount Enclosed: \$ _____

***Please see enclosed Autumn Sweaters and SMILES Registration.*

Participant Name: _____ DOB: _____ Medicaid #: _____

Participant Address /Group Home: _____ Agency Name: _____

Guardian/Direct SUPPORT Provider Name: _____ Email: _____

DDD ID #/MIS: _____

Emergency Contact to be reached during the scheduled program or activity:

Name: _____ Phone: _____

MEDICATION ADMINISTRATION POLICY - PLEASE COMPLETE BOTH SIDES OF THIS FORM -

In order for The Arc, Ocean County Chapter Staff to administer medication to participants during program and events, the following criteria must be met for *each medication*:

- Current prescription for each medication to be administered.
- Medication must be in pharmacy labeled packaging, blister pack, bottle box, etc. Loose medication will not be accepted by The Arc, Ocean County Chapter Staff.
- All medication must be directly delivered to The Arc, Ocean County Chapter Staff by guardian, family member, sponsor, or direct support provider.
- Medications to be administered during programs, events, outings must be listed on the back of this form.

MEDICATION TO BE ADMINISTERED DURING PROGRAM, EVENTS, OUTINGS

Participant Name: _____

MEDICATION NAME	DOSAGE	TIME	INSTRUCTIONS

Allergies: _____ Special Diet: _____