

Registration Instructions:

- All participants must have a meet and greet with recreation before attending any activity. Please contact Robin Collins X117 or Helen Centrella X187 for questions regarding Recreation programs.
- All community inclusion events are limited to 6 clients only. Before sending in registration form with payment, call to see if event is open.
- Participants utilizing their Individual Service Plan budget must contact their support coordinator to have the units built into their plans and have an approved ISP and service authorization **PRIOR** to attending our Recreation programs. **Contact Helen Centrella @ x187 for assistance with ISP plans.**
- **Register online at [https://www.arcocean.org/what we do/recreation-order-form.html](https://www.arcocean.org/what_we_do/recreation-order-form.html)** or 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**

| | REOCCURING EVENTS: | DATES: | COST: | | |
|--|---|--|--|--------------------|--------|
| | | | SUPPORT PROGRAM UNITS AND COST OF TICKET : | SELF-PAY COST | Total: |
| | COOKING CLUB - NORTH | 1/14, 1/28, 2/11, 2/25, 3/10, 3/24 | 8 RESPITE | \$40.00 | |
| | TUESDAY NIGHT SOCIAL | 1/21, 2/18, 3/17 | \$20.00 | \$20.00 | |
| | DISNEY ON ICE (Cure Arena) | 3/29 (9:30-3:00PM) OR 3/29 (1:30-7:00PM) | 14 CI 80 miles + \$40 | \$145.00 | |
| | DISNEY ON ICE (Wells Fargo Center) | 1/5 | 16 CI 150 MILES + \$60 | \$215.00 | |
| | BRICK AMC THEATERS | 1/31, 2/15, 3/13 | 10 CI + \$12.00 | \$36.00 | |
| | MONMOUTH BASKETBALL GAMES | 2/2 & 2/9 | 12 CI 48 MILES + \$25 | \$100.00 | |
| | MATILDA | 3/15 & 3/22 | 12 CI 40 MILES + \$33 | \$100.00 | |
| | NJ TITANS HOCKEY | 1/17 & 3/20 | 12 CI 65 MILES + \$10 | \$100.00 | |
| | BRICK THEME DANCE | 1/10, 2/14, 3/27 | \$20.00 | \$20.00 | |
| | Saturday Recreation Circle One: North South West | 1/4, 1/11, 1/25, 2/1, 2/8, 2/22, 2/29, 3/7, 3/14, 3/21, 3/28 | CALL FOR SP UNITS SPECIFIC TO EACH PROGRAM | \$84.00 (PER WEEK) | |
| | BOWLING: North- Ocean Rollers 3:00-5:30pm South- Southern Ocean Stars 4:00-6:00pm | Ocean Rollers: Mondays September - June (Begin 9/9) Southern Ocean Stars: Mondays September - June (Begin 9/16) | Ocean Rollers: \$50.00 yearly registration fee \$3.00 per game Southern Ocean Stars: \$30.00 yearly registration fee \$7.50 for 2 games | | |
| | COOKING CLUB - SOUTH | 1/8, 1/15, 1/22, 1/29, 2/5, 2/12, 2/19, 3/4, 3/11, 3/18, 3/25 | 9 RESPITE | \$40.00 | |
| | FIDLER ON THE ROOF (SOUTH ONLY) | 2/26 & 2/27 | 12 CI & \$12 | \$50 | |
| | BARNEGAT DANCE | 1/24, 2/7, 3/6 | \$20.00 | \$20.00 | |
| | ONE TIME EVENTS: | DATES: | COST: | | |
| | | | SUPPORT PROGRAM UNITS AND COST OF TICKET : | SELF-PAY COST | Total: |
| | PHILADELPHIA FLYERS | 1/11 | 16 CI 150 MILES + \$60 | \$215.00 | |
| | SEUSSICAL JR MUSICAL | 1/12 | 10 CI 50 MILES + \$20 | \$90.00 | |
| | RUTGERS BASKETBALL GAME | 1/19 | 14 CI 100 MILES + \$45 | \$165.00 | |
| | DEVILS HOCKEY GAME | 2/8 | 16 CI 120 MILES + \$60 | \$200.00 | |
| | LEGALLY BLONDE MUSICAL | 2/21 | 12 CI 6 MILES + \$20 | \$65.00 | |
| | SETON HALL BASKETBALL | 2/23 | 14 CI 120 MILES + \$40 | \$170.00 | |
| | HARLEM GLOBETROTTERS | 3/1 | 14 CI 145 miles + \$50 | \$200.00 | |
| | HARLEM GLOBETROTTERS | 3/7 | 14 CI 80 MILES + \$42 | \$150.00 | |
| | WWE ELIMINATION CHAMBER | 3/8 | 16 CI 145 MILES + \$93 | \$250.00 | |
| | HUNCHBACK OF NOTRE DAME | 3/14 | 12 CI 25 MILES + \$12 | \$70.00 | |
| | SPAMALOT | 3/28 | 12 CI 30 MILES + \$35 | \$95.00 | |

Participant Name: _____ Total: \$ _____

Participant Name: _____ DOB: _____

Street Address: _____ City: _____ Zip Code: _____

Guardian Name: _____ Email: _____

Guardian Phone Number: _____

DDD ID #/MIS: _____ Support Coordinator Name: _____

Support Coordination Agency: _____ SC Phone #: _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____

Photo Release Form

Print Name: _____ Date: _____

I hereby authorize The Arc, Ocean County Chapter to utilize the specified means designated below to identify me for purposes of recreation events I am giving the following permission to:

| | YES | NO |
|------------------|-----|----|
| Take Photograph | | |
| Take Video | | |
| Identify by Name | | |
| Interview | | |

I realize that by giving consent, I release The Arc, Ocean County Chapter from any liability that I might have against them by reason of such photography or identification and subsequent use.

Individual Signature *Date* *Witness Signature*

If above name individual is not their own legal guardian, the legally appointed guardian must sign below

Individual Signature *Date* *Witness Signature*

MEDICATION ADMINISTRATION POLICY

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*:

1. Current prescription for each medication to be administered. Must be current within 1 year.
2. 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.
3. All medication must be directly delivered to The Arc, Ocean County Chapter Staff by guardian, family member, sponsor, or direct support provider.
4. Medications to be administered during programs, events, outings must be listed below.

MEDICATION TO BE ADMINISTERED DURING PROGRAM, EVENTS, OUTINGS- PLEASE COMPLETE

| MEDICATION NAME | DOSAGE | TIME | INSTRUCTIONS |
|-----------------|--------|------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Allergies: _____

Special Diet: _____

Other special needs: _____