

**Registration Instructions:**

- All participants must have a meet and greet with recreation before attending any activity. Please contact 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	4/7, 4/21, 5/5, 5/19, 6/2, 6/16	8 RESPITE	\$40.00	
	TUESDAY NIGHT SOCIAL	4/14, 5/12, 6/23	\$20.00	\$20.00	
	BRICK AMC THEATERS	5/1 & 5/27	10 CI + \$12	\$36.00	
	SOFTBALL	5/7, 5/21, 5/28, 6/4, 6/11, 6/25	\$90 (FOR 6 WEEK PROGRAM)	\$90 (FOR 6 WEEK PROGRAM)	
	BRICK THEME DANCE	4/24, 5/29, 6/26	\$20.00	\$20.00	
	GREASE	5/31, 6/7, 6/14	12 CI, 45 MILES + \$33	\$110.00	
	WIZARD OF OZ	5/16 & 5/17	12 CI, 50 MILES + \$30	\$110.00	
	CIRQUE DU SOLEIL	5/22 & 5/23	16 CI, 80 MILES + \$45	\$160.00	
	PHILADELPHIA PHILLIES	4/19 & 5/3	18 CI, 150 MILES + \$50	\$200.00	
	COOKING CLUB - SOUTH	4/1, 4/8, 4/22, 4/29, 5/6, 5/13, 5/20	9 RESPITE	\$40.00	
	BARNEGAT DANCE	4/3, 5/8	\$20.00	\$20.00	
	Saturday Recreation Circle One: North      South      West	4/4, 4/18, 4/25, 5/2, 5/9, 5/16, 5/30, 6/6, 6/13, 6/20, 6/27	CALL FOR SP UNITS SPECIFIC TO EACH PROGRAM	\$84.00 (PER WEEK)	
	ONE TIME EVENTS:	DATES:	COST:		
			SUPPORT PROGRAM UNITS AND COST OF TICKET :	SELF-PAY COST	Total:
	PIPPIN (BTHS)	4/3	12 CI, 10 MILES +\$15	\$60.00	
	MOANA JR (STRAND)	4/5	10 CI, 10 MILES +\$20	\$60.00	
	BEATLEMANIA (STRAND)	4/18	12 CI, 10 MILES +\$40	\$90.00	
	RIPLEY'S BELIEVE IT OR NOT	4/26	12 CI, 130 MILES +\$20	\$160.00	
	HELLO DOLLY (ALGONQUIN)	5/10	12 CI, 20 MILES +\$32	\$85.00	
	YANKEE'S GAME	5/24	20 CI, 160 MILES +\$50	\$235.00	
	SPONGEBOB THE MUSICAL	6/10	14 CI, 50 MILES + \$72	\$150.00	
	LAKWOOD BLUECLAWS	6/21	14 CI + \$20	\$65.00	
	CABERET & BUCKALEWS	6/28	24 CI, 90 MILES +\$55	\$200.00	

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 herby 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: \_\_\_\_\_