



This form must be completed for every participant prior to the start date of program.
Mail form to: M-NCPPC, Special Programs Division 7833 Walker Dr. Suite 110, Greenbelt, MD 20770

2022 Teen Scene Social Club - Registration Form

Preferred Club: North/Central – Lake Arbor Community Center (*subject to change)
 South – Southern Regional Technology & Recreation Complex, Bock Rd. (*subject to change)

MEMBER:

Name: _____ Male Female _____
Address: _____ Member's Cell Phone: _____
_____ Member's Email: _____
_____ DOB: _____ Age: _____
School: _____

PARENT / GUARDIAN #1:

Name: _____ Home Phone: _____
Relationship: _____ Work Phone: _____
Address: _____ Cell Phone: _____
_____ Email Address: _____

PARENT / GUARDIAN #2:

Name: _____ Home Phone: _____
Relationship: _____ Work Phone: _____
Address: _____ Cell Phone: _____
_____ Email Address: _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name: _____ Home Phone: _____
Relationship: _____ Cell Phone: _____

CONFIDENTIAL DISABILITY INFORMATION

Please list disability(s):

(i.e. autism, ADHD, blind, Deaf, etc.)

DIETARY RESTRICTIONS/FOOD ALLERGIES

Do you have any dietary restrictions or food allergies/intolerance? YES NO (Please circle)

If yes, please list:

HEALTH INFORMATION, HABITS AND PERSONAL SAFETY

Please list any medical conditions:

(i.e. diabetes, seizures, asthma, allergies, etc.)

Do you require specialized health care? YES NO (Please circle)

If yes, please explain (i.e. inhaler, epi-pen, etc.)

Will it limit participation? YES NO (Please circle)

If yes, please explain:

Will you require medication distribution during program hours? YES NO (Please circle)

If yes, a medication profile must be completed and signed by your physician.

Do you have a history of seizures? YES NO (Please circle)

If yes, list the type:

If yes, list the date and duration of last seizure:

If yes, list the warning signs:

COMMUNICATION

What is your primary means of communication?
(i.e. speech is clear, gestures, sign language, difficult to understand, limited means of communication, etc.)

ACTIVITIES OF DAILY LIVING

Please mark an X by the appropriate response	Independent	Needs Some Assistance	Needs Full Assistance	Comments (i.e. assistive devices)
Mobility				
Toileting				
Eating				
Dress/undress				
Transfers from wheelchair				
Activity Level		Sedentary (No exercise)		
		Mild exercise (i.e., climb stairs, walk 3 blocks, golf)		
		Occasional vigorous exercise (i.e., aerobics or weight training less than 4x/week for 30 minutes)		
		Regular vigorous exercise (i.e., aerobics or weight training 4x/week for 30 minutes)		

SAFETY *(Please check all that apply)*

	Communicates basic needs (i.e. name and phone number)		Able to stay with the group in large settings (i.e. sporting events, movies, daytrips)		Able to participate in a group setting with a staff: participant ratio of 1:5
	Responsible for own belongings		Able to administer own medication		Will sit quietly for a movie or performance
	Recognizes danger when present		Manages his or her own money		Able to follow program rules and Code of Conduct

SOCIALIZATION *(Please check all that apply)*

	Prefers to be alone		Interacts with peers		Interacts well w/ adults
	Enjoys small group outings (less than 10 people)		Prefers large group outings (10 or more people)		Tolerates loud noise levels

What social skills you are working on, or would like to develop?

PARTICIPANT BEHAVIOR

Please describe your general behavior and moods?

(i.e. happy, cautious, shy, etc.)

Behavior	Check all that apply	If yes, comments required. Please list all triggers
Bites		
Easily discouraged		
Easily distracted		
Hyperactive		
Manipulative		
Physically harms self/others		
Runs away		
Other		

What motivates or encourages you?

(i.e. verbal praise, etc.)

Do you have any strong fears?

RECREATION

Are there any activities or trip locations that especially interest you?

PLEASE CHECK THE ACTIVITIES YOU ARE MOST LIKELY TO ACTIVELY PARTICIPATE:

	Arts & Crafts/ Paint & Sip		Zumba/Dancing		Sporting Events
	Bowling/ Bocce Ball / Laser Tag		Movies		Swimming/Pool Party
	Cooking Class / Demonstration		Museums/History Trips		Plays/ Theatre
	Music / Karaoke / Drumming		Campfire / S'mores		Walking /Hiking
	Tennis/Pickleball		Boating/Fishing Activities		Golf/Driving Range
	Other Ideas:				

SWIMMING ABILITY

	Non-Swimmer		Intermediate Swimmer
	Beginner Swimmer		Expert Swimmer

PLEASE CHECK YOUR T-SHIRT SIZE (UNISEX):

	X-Small		Large		3X-Large
	Small		X-Large		4X-Large
	Medium		2X-Large		Not Sure

Activity/Program Field Trip Liability Release /Authorization

I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles (Board of Education buses, M-NCPPC vans, coach buses and all other modes of transportation) and agree to release The Maryland-National Capital Park and Planning Commission, its officers, employees, and agents from all liability arising from any harm or injury incurred by the participation of my child in the program stated above, excluding the gross negligence of the Commission.

Unless otherwise indicated by a parent in writing at the time of registration, photographs of participants may be taken while participating in the program activities for use in Commission publications. No personal information other than the participant's first name will be released under any circumstances. By way of copy of this form, I authorize the staff of The Maryland-National Capital Park and Planning Commission to obtain medical/hospital treatment for the above participant, in the event of an emergency.

Signature of Applicant:

Signature of Parent/Guardian:

Print Name

Date

Print Name

Date

2022 TEEN SCENE SOCIAL CLUB - MEMBERSHIP REQUIREMENTS

To join the Teen Scene Social Club, members must meet the following eligibility requirements:

- **MUST** reside in Prince George's County
- Have an intellectual or developmental disability
- Meet the age requirements of the club (13-21)
- **MUST** be able to perform daily life skills (i.e. eating, toileting, mobility, etc.) with limited personal assistance
- **MUST** be able to participate in a group setting with a staff/participant ratio of 1:4
- Able to communicate basic needs (i.e. name and phone number)
- Able to stay with the group in a large setting (i.e. sporting events, movies, daytrips)
- Able to administer own medication. Staff can distribute with a signed *Medication Form*
- If **NEW** to the social club, the participant **must attend an in-house activity** prior to attending an activity that is out in the community. In-house activities will be indicated in the monthly newsletter. **This is in effect once transportation is reestablished*
- Complete the registration form and pay the 2022 \$30 membership fee (you must have a PARKS DIRECT account)

The Commission is committed to providing quality parks and recreation opportunities in a safe, healthy, and enjoyable environment. Therefore, participants are required to conduct themselves, with or without a reasonable accommodation, in a rational and reasonable manner, and in accordance with the rules and regulations established by the Commission.

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Membership Requirements Acknowledgement

I have read the membership requirements and can confirm that my participant can meet the criteria in order to participate in their desired adult social club.

Parent/Guardian Signature

Date

Print name