



**M-NCPPC, Department of Parks and Recreation, Prince George's County**

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  
or Email: [CountywideTRPrograms@pgparks.com](mailto:CountywideTRPrograms@pgparks.com)

## 2025-2026 Teen Scene Registration Form

**Preferred Club (choose 1):**

☐

Lake Arbor  
Community  
Center

☐

Southern Regional  
Technology and Recreation  
Complex

**MEMBER:**

Name: \_\_\_\_\_

☐

Male

☐

Female

☐

\_\_\_\_\_

Address: \_\_\_\_\_

Member's Cell Phone: \_\_\_\_\_

Member's Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**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? Please Select:** ☐ YES ☐ NO

*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? Please Select:** ☐ YES ☐ NO

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

**Will it limit participation? Please Select:** ☐ YES ☐ NO

*If yes, please explain:*

**Will you require medication distribution during program hours? Please Select:** ☐ YES ☐ NO

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

**Do you have a history of seizures? Please Select:** ☐ YES ☐ NO

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

## SAFETY *(Please check all that apply)*

<input type="checkbox"/>	Communicates basic needs (i.e. name and phone number)	<input type="checkbox"/>	Able to stay with the group in large settings (i.e. sporting events, movies, daytrips)	<input type="checkbox"/>	Able to participate in a group setting with a staff: participant ratio of <b>1:4</b>
<input type="checkbox"/>	Responsible for own belongings	<input type="checkbox"/>	Able to administer own medication	<input type="checkbox"/>	Will sit <b>quietly</b> for a movie or performance
<input type="checkbox"/>	Recognizes danger when present	<input type="checkbox"/>	Manages his or her own money	<input type="checkbox"/>	Able to follow program rules and Code of Conduct

**SOCIALIZATION** *(Please check all that apply)*

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

**Are there any 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	<input type="checkbox"/>	
Easily discouraged	<input type="checkbox"/>	
Easily distracted	<input type="checkbox"/>	
Hyperactive	<input type="checkbox"/>	
Manipulative	<input type="checkbox"/>	
Physically harms self/others	<input type="checkbox"/>	
Runs away	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

**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:**

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

**SWIMMING ABILITY**

<input type="checkbox"/>	Non-Swimmer	<input type="checkbox"/>	Intermediate Swimmer
<input type="checkbox"/>	Beginner Swimmer	<input type="checkbox"/>	Expert Swimmer

**PLEASE CHECK YOUR T-SHIRT SIZE (UNISEX):**

<input type="checkbox"/>	X-Small	<input type="checkbox"/>	Large	<input type="checkbox"/>	3X-Large
<input type="checkbox"/>	Small	<input type="checkbox"/>	X-Large	<input type="checkbox"/>	4X-Large
<input type="checkbox"/>	Medium	<input type="checkbox"/>	2X-Large	<input type="checkbox"/>	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 or Parent/Guardian (if unable to sign):

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## 2025-2026 TEEN SCENE CLUB MEMBERSHIP REQUIREMENTS

To join Teen Scene Social Club, members **MUST** meet the following eligibility requirements.

Please verify that the member meets the membership requirements, by initialing next to each statement:

- \_\_\_\_\_ Resides in **Prince George's County**, and has an intellectual or developmental disability
- \_\_\_\_\_ Meet the age requirements of the club (13 – 21)
- \_\_\_\_\_ Able to stay with the group, follow directions and participate in large community settings with a staff/participant ratio of 1:4 (i.e., sporting events, museum trips, community festivals, movies, daytrips).  
Able to stay with the group in a large setting.
- \_\_\_\_\_ Able to perform daily life skills (i.e., dressing, eating, toileting, mobility, etc.) with minimal staff support.
- \_\_\_\_\_ Able to communicate basic needs and identification (i.e., name and phone number), either verbally or by showing an ID card or bracelet.
- \_\_\_\_\_ Complete the registration form and pay the \$55 membership fee via PARKS DIRECT.
- \_\_\_\_\_ Able to administer your own medication. Staff can distribute only with a signed *Medication Form*
- \_\_\_\_\_ Be able to engage in scheduled activities for the majority of the program (with or without an accommodation)
- \_\_\_\_\_ If **NEW** to the Teen Scene clubs, you **will be contacted to complete a phone in-take** prior to attending an activity out in the community. An assessment will be made within one week (7 days). Once the in- take is completed, the monthly newsletter will be sent and registration for the activity will be allowed.

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 Acknowledgment

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

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Print name