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, 1616 McCormick Drive Largo, MD 20774
or Email: CountywideTRPrograms@pgparks.com

2026-2027 Teen Scene Registration Form

Preferred Club (choose 1): ☐ Lake Arbor Community Center (North) ☐ Allentown Splash, Tennis & Fitness Park (South)

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 **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 **1:4**
☐	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

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	☐	
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 / Healthy Eating	☐	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 or Parent/Guardian (if unable to sign):

_____ _____

Print Name Date Print Name Date

2026-2027 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.

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.

_____ Date _____

Signature

_____

Print name