

# J. ARTHUR TRUDEAU MEMORIAL CENTER



## RECREATIONAL SERVICES

Registration Packet

3445 Post Road  
Warwick, RI 02886  
(401) 739-2992  
(401) 739-2700

### ~Recreation Philosophy~

The philosophy of the Recreation Department is through quality and varied activities; an individual gains a sense of purpose and achievement resulting in confidence and positive self-esteem. We encourage people to participate ... not spectate. We are committed to offering structured and unstructured activities, personal and group challenges, necessary supports and mutually rewarding relationships within our community. Friendships that are developed increase self-esteem and self-worth and will stay with the participant even when outside our programs.

*It is our goal to open new doors, and our promise is to bring you through!*

### ~Recreation Program~

The main goal of the Recreation Program is to create an enjoyable atmosphere and offer something for everyone. We stress fun, friendship, good health, competition, and the joys of sports for everyone involved.

We offer year round community based recreational activities and summer vacations for all abilities and interests. Once registered, you will receive calendars on a quarterly basis which may be filled with hundreds of community and in-house activities, i.e. Dave & Busters, Providence Bruins, Therapeutic Drumming, cooking classes, movies etc. Once you've received the calendars, take time to thoroughly read the descriptions and registration sheets. Decide what activities you'd like to attend, and mail the enrollment form back to the Recreation Department. Please be aware that these activities fill up quickly and we recommend that you mail your choices as quickly as you can. Some activities require payment up front as we might need to purchase these tickets ahead of time.

### ~Requirements~

The Recreation Department asks that all participants be at least 16 years of age to attend our evening and Saturday Recreation programs. If a participant needs the assistance of a 1:1 staff because of physical, medical or behavioral reasons, the Recreation Department asks that the participant's parents/guardians provide that support or provide a staff. The Recreation Department cannot provide 1:1 supports, although we would be happy in assisting you obtain them. Please feel free to contact the Recreation Director or Assistant Director if this poses any type of problem. All participants must fill out all areas of this packet, have a current medical and an updated fact sheet in order to attend.

### ~Dances~

Monthly dances are electrifying and open to everyone. The gym floor is packed with a combination of adults and kids moving to the latest music provided by a special guest DJ and sometimes recreation's very own DJ. Although Trudeau dances are run by Recreation we ask that a staff be provided for anyone that may need extra support. If a participant will be attending the dance without a staff please leave a contact number with the Rec staff and advise them of any special circumstances when checking in. Admission is only \$6pp. There will be a concession stand available. No outdoor food or beverage will be allowed. Please note that the doors will not open until **7:00pm**. No re-admittance allowed.

**~Saturday Recreation Program~**

Saturday Rec is one of our most popular programs. Participants have a variety of activity options throughout the day. Please be aware that we are limited on activity slots and participants may not be able to attend a specific activity event each Saturday. Doors will not open until 9:00am as the Recreational staff holds a meeting from 8:30-9:00am.

**Saturday morning activities  
9:00am-12:00am**

- \* Swimming
- \* Arts & Crafts
- \* Ceramics
- \* Video Arcade
- \* Coffee

**Saturday afternoon activities  
12:00pm-3:30pm**

- \* Bowling
- \* Movies
- \* Billiards

**September – May Saturday Recreation Program**

Saturday Full-Day	9:00 am – 3:30 pm	\$30.00
Saturday Half-Day <u>With</u> transportation	9:00 am-12:00 pm or 12:00 pm- 3:30 pm	\$15.00
Saturday Half-Day/ Bowling only <u>Without</u> transportation	1:00 pm– 2:30 pm	\$8.00
Friday Dances (one per month)	7:00 pm - 9:30 pm	\$6.00

\*If the cost of any Recreation activity poses a financial hardship; please feel free to contact the Recreation Director or Assistant Director and they will be happy to meet with you on an individual basis to tailor a payment plan that best suit your needs.\*

\*Fees are subject to change\*

### **~Late Charge Policy~**

We understand that unforeseeable circumstances occur resulting in a late pick-up. We would appreciate notice of such matters as soon as possible. If there is no call and this occurs more than three times, there will be a \$10.00 late fee administered for the first 30 minutes. Every fifteen minutes thereafter an additional \$5 is added. We hope you understand, as this will pay for the staff that will stay with the participant(s).

### **~Summer Vacations~**

The Recreation Department does it's best to offer quality and cost effective vacations. During the summer months, we normally offer two week's of our popular Summer Beach House Program. Vacationers spend their vacation at a beach house in Narragansett. The Recreation staff plan and supervise all the activities, such as Newport day trips, miniature golf, swimming, dining out, movies, boat rides and Foxwoods trips. We have also taken trips to Disney World, Hershey Park and a Caribbean Cruise. These activities are popular and sell out very quickly. So be sure to return your paperwork in a timely fashion.

### **~Volunteer Program~**

This is a great opportunity for High School, College students and adults to participate in an exciting program with people of varying abilities, to develop mutually rewarding relationships and be an active participant in their community. We ask that all volunteers be at least 15 years of age. All volunteers are required to provide 3 letters of recommendation and pass a BCI check (18 or older).

### **~Social and Fundraising Events~**

From our famous Native American Pow-Wow to our Steak Fries, Breakfasts and Spaghetti dinners. The Recreation Department is committed to providing an atmosphere where family and friends can get together, socialize and have a good time. Our own personal Recreation Committee made up of Trudeau staff, family and friends have taken on the role of organizing these events. Proceeds of most of these events will go to our Special Olympics programs.



## **Trudeau Tigers Special Olympics Teams**

The Recreation Department prides itself on having one of the best Special Olympics Program in Rhode Island. The Trudeau Tigers are one of the largest delegations in the state with over 150 athletes and unified partners. Select recreation staff has been certified by the International Special Olympics to train athletes in ...

- Powerlifting
- Soccer
- Volleyball
- Basketball
- Softball
- Swimming
- Track & Field
- Bowling
- Floor Hockey
- Gymnastics

### **Traditional vs. Unified Special Olympics Sports?**

A Traditional sport is comprised of only Special Olympics Athletes. Games can be either slow or fast paced depending on the competition. Traditional Sports programs are used as a stepping stone to the Unified Sports league. If a participant is interested in joining the Tigers Sports teams they might be required to play at the traditional level before going to the unified level, depending on their skill level. Currently the Trudeau Tigers have traditional teams in soccer and basketball.

A Unified sport team is comprised of equal number of Special Olympics athletes and non-Special Olympic athletes (Partners). Unified sports can be very competitive and fast paced, athletes must be 16 years of age. This stiff competition has given the Special Olympians the ability to raise their gross motor skills and ability level. Just like any other team, the Unified sports teams provide all its players with camaraderie, respect and friendship. The Trudeau Tigers have Unified teams in softball, soccer, basketball, street hockey and volleyball.

### **~Be a part of history~**

Our Special Olympians have competed at various International Special Olympic Games in Austria, Canada, Minnesota, Notre Dame, Connecticut, Dallas, New Hampshire, Kansas City, North Carolina, Iowa and Ireland.

## Health requirements

- All medical and Fact sheet information must be filled out **completely** before participant is to take part in any recreational activities.
- The Recreation Department must be notified of any special dietary needs, allergies, behaviors, etc.
- The Recreation Department must be notified of all medical concerns including seizure disorders.
- If participant needs medication during recreation hours, you must send the pre-packaged medication in an envelope. Please be sure to give those medications to the Recreation Director, Assistant Director or Recreation staff that is attending the event that night. Each envelope must clearly note....
  - Name of Individual
  - Time to be Distributed
  - Name of each Medication
  - Dosage
  - Date
- If participant did not attend school/work on a particular day because of illness, participant should not attend recreation on that day. Please call the Recreation and we'll be happy to refund your money.
- If a participant becomes ill, a parent/guardian or agency provider will be notified and asked to pick that participant up promptly. In the event that a parent/guardian cannot be reached, we require the names and phone numbers of two other persons who may be contacted to pick up the participant. **This list must be kept current and accurate.**
- Please be advised that all accidents/incidents, which occur, will be documented by our department and reported to the agencies Incident Management Team. Parents and guardians will be notified in all cases. Please send in extra clothing if you know your child may need to change for any reason.

## Parent/Guardian Questionnaire

## Pre-admission History

Participant's name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS#: \_\_\_\_\_

- Has the participant ever been involved in any other recreational programs?  
Yes \_\_\_\_\_ No \_\_\_\_\_, if yes, where \_\_\_\_\_
- Does the participant attend school? Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_
- Does the participant work? Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_
- What does the participant do when they are not in school or working?  
\_\_\_\_\_
- What aspect of our program would the participant most benefit from?  
Social      Emotional      Physical      Educational
- Does the participant have any physical limitations that would restrict them from engaging in certain recreational activities? \_\_\_\_\_  
\_\_\_\_\_
- Is the participant visually or hearing impaired? \_\_\_\_\_
- Does the participant have a seizure disorder? \_\_\_\_\_
- Does the participant use a wheelchair, walker or cane? \_\_\_\_\_
- Does the participant have any behavioral issues? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What positive procedures do you recommend we use to prevent potential behaviors from occurring?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does the participant have any allergies? \_\_\_\_\_
- Is the participant sensitive to the sun? \_\_\_\_\_
- Does the participant take prescription medications? \_\_\_\_\_
- Does the participant have any fears, i.e. dark, heights, loud noises Etc..? \_\_\_\_\_
- How does the participant deal with large crowds? \_\_\_\_\_
- Does the participant need assistance with toileting? \_\_\_\_\_

**\*Please return this form to the Recreation Department\***

## Participant Questionnaire

Name \_\_\_\_\_ Age \_\_\_\_\_

- Have you ever attended a recreation program? \_\_\_\_\_
- What did you enjoy most about that program? \_\_\_\_\_
- Do you attend school? \_\_\_\_\_
- Do you have a job? \_\_\_\_\_
- What do you enjoy doing in your free time? \_\_\_\_\_
- Do you have any hobbies? \_\_\_\_\_
- Do you play any sports? \_\_\_\_\_
- What are your favorite sports? \_\_\_\_\_
- If you could participate in any activity, what would it be? \_\_\_\_\_
- Do you like outdoor activities? \_\_\_\_\_
- Have you ever participated in the Special Olympics? \_\_\_\_\_
- Would you prefer being in large or small crowds? \_\_\_\_\_
- Are there skills you would like to learn i.e. cooking, swimming etc \_\_\_\_\_
- What are some of your talents? \_\_\_\_\_
- Have you received any awards? \_\_\_\_\_
- What are some of your favorite foods? \_\_\_\_\_

**\*Please return this form to the Recreation Department\***

## Recreation Department Parent / Guardian Permission Form

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Last Name	First	Middle	D.O.B.
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Address	City/ State	Zip	Sex
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I here by grant permission for the above named individual to participate in the Trudeau Center's Recreation Program.

I represent and warrant to you that the participant is physically and mentally able to participate in registered programs.

On behalf of the participant and or myself, I hereby release you from any liability arising out of your permitting the applicant to participate in the program and I agree to defend and hold harmless against any claims of liabilities asserted against you at any time by or on behalf of the participant by reason such participation of any other matters or things to which this application appertains.

In permitting the applicant to participate, I am specifically granting irrevocable permission to you to use the likeness, voice, and words of the participant in television, radio, films, newspapers, magazines, and any other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the program.

If I am not personally present, so as to be consulted in case necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

I \_\_\_\_\_ have read and understand the policies and procedures set forth by the Recreation Department contained in this manual.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**\*Please return this form to the Recreation Department\***

## J. Arthur Trudeau Memorial Center

### Recreation & Social Services Guidelines

**Our Mission:** To support individuals with disabilities by expanding their social network, through the promotion of choice, opportunity, and independence.

Welcome to the Trudeau Center Recreation and Social Services Department. Below please find our Code of Conduct Guidelines for our Recreation Activities, Dances, Parties and Special Olympics Sports.

#### **DANCES & PARTIES**

Trudeau Center dances are important social events for participants and provide a structured forum for social interaction. However, the agency must maintain a reasonable standard of appropriate behavior and dance movements. Participants and support staff must recognize that movements and dance styles present in non-agency settings or portrayed in the entertainment industry are not always appropriate in the Trudeau Center. Therefore, the following guidelines will be used to determine appropriate behavior and dance movements. This document will also define the responsibilities of support staff, chaperones, and family members attending Trudeau dances.

- Admission to the dance will commence at 7pm promptly
- Loitering in the parking lot or around the agency grounds is not permitted
- Once participants enter the dance, they must stay. If participants leave the dance, they may not return.
- Proper dress is expected at all dances
- **DO NOT BRING VALUABLES TO DANCES. THERE IS NO STORAGE PROVIDED. IF YOU DO, YOU DO SO AT YOUR OWN RISK.**

- There will be no provocative or lewd dancing; participants are expected to dance in a respectable manner:
  - a. No lap dancing
  - b. No dancing on the knees
  - c. No dancing on the floor (like break dancing)
  - d. No dancing which creates unsafe conditions is not allowed.
  - e. No slam dancing, break dancing, freak dancing, grinding or other sexually provocative dancing is allowed.
  - f. Couples should be face to face when dancing.
- Sitting on laps is prohibited
- Kissing or “making out” is not allowed  
*Agency support staff reserve the right to make decisions on suitable dancing and individuals who engage in the above-mentioned behaviors will be given feed-back on their behavior. A pattern of behavior will result in missing the next dance.*
- No horse play or running
- All fights and/or verbal altercations will not be tolerated.

### **SPECIAL OLYMPIC SPORTS**

It is our mission to provide an environment which promotes positive self-esteem and self-worth as well as encourage a level of sportsmanship and camaraderie. The following guidelines will be implemented by your coach.

- 1. Athletes will practice appropriate language with peers, partners and coaching staff. Inappropriate language may result in being removed from competition. A pattern of inappropriate language will result in sitting out the entire next competition.**
- 2. Athletes will practice appropriate boundaries with peers, partners and coaching staff. Inappropriate touching and/or rough housing may result in being removed from competition. A pattern of inappropriate touching and/or rough housing will result in sitting out the entire next scheduled competition**
- 3. Athletes are required to participate in at least 75% of the practices to be eligible for the Tournaments.**
- 4. Athletes are required to call their coach directly in the event they will be missing a practice or game.**

- 5. Proper athletic attire as required by the sport is required. In the event and athletes shows up to practice or competition without their proper attire athletes will be asked to go home to change or will have to sit out of practice or competition. This rule is strictly monitored by Special Olympics RI.**
- 6. All Trudeau Tigers; athletes and partners will maintain a level of mutual respect.**
- 7. Soccer, Basketball, Volleyball and Softball Jerseys will be signed out by each athlete at the beginning of their respective season. In the event a uniform is lost or not returned, the athlete is responsible in replacing the uniform.**
- 8. HAVE FUN!!!!!!!!!!!!!!!!!!!!!!**

## **RECREATION ACTIVITIES**

*The Recreation Department offers a variety of activities that promote friendships, foster positive self-esteem and build positive community relationships.*

- **To ensure everyone's safety please be mindful of drop off and pick up times. Those are the time's staff is present. Being dropped off early will mean there won't be staff supervision.**
- **While in the Recreation building it is important to stay in designated areas where staff is present.**
- **Cell phones are to be used for emergencies only.**
- **Participants will have positive peer interactions**
- **Horseplay and roughhousing is not acceptable behavior.**
- **Be sure to pack and label medications and hand them directly to Recreation staff. Checking in with Rec. staff will keep everyone on the same page!**

*Recreation support staff reserve the right to make decisions on suitable behavior and individuals who choose not to follow the above-mentioned behaviors will be given feed-back on their action. A pattern of this behavior will result in missing the next activity.*



# J. Arthur Trudeau Memorial Center

## Recreation & Social Services

### PARTICIPANT CODE OF CONDUCT

As a participant in the TRUDEAU CENTER RECREATION DEPARTMENT I will:

- Be nice to people
- Be respectful of others
- Keep my hands to myself
- Be safe
- Follow the dance rules
- Use nice words; no swearing

***J. Arthur Trudeau Memorial Center***  
**Medical Examination Form**

\_\_\_\_\_  
**Last Name                      First                      Middle Init.                      D.O.B.                      Sex**

\_\_\_\_\_  
**Address                      City                      State                      Zip Code**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_  
(condition, normal, corrected)

**Ears:** \_\_\_\_\_ **Nose:** \_\_\_\_\_  
(normal, needs attention, RX) (obstruction, chronic sinus, etc.)

**Throat:** \_\_\_\_\_ **Neck:** \_\_\_\_\_  
(tonsils: normal, enlarged, removed) (thyroid enlargement, nodules, etc.)

**Mouth:** \_\_\_\_\_ **Breast:** \_\_\_\_\_  
(caries abnormalities) (abnormalities, etc.)

**Lymphatic System:** \_\_\_\_\_ **Abdomen:** \_\_\_\_\_  
(cervical inguinal, etc) (scars, abdominal, etc.)

**Heart:** \_\_\_\_\_ **Hernia:** \_\_\_\_\_  
(dyspnea, cyanosis, edema etc.) (inguinal, abnormal, etc.)

**Male: Genito-Urinary:** \_\_\_\_\_  
(urethral discharge, enlarged prostate, etc.)

**Female: Gynecological:** \_\_\_\_\_  
( prolapsed, cytocele, rectocele, cervix )  
**Pap smear:** \_\_\_\_\_ **Recommendations:** \_\_\_\_\_  
**Ano-rectal:** \_\_\_\_\_  
(hemorrhoids, prolapsed, growths, etc.)

**Varicosities:** \_\_\_\_\_

**Nervous / Emotional Evaluations:** (i.e.: paralysis, speech, gait, peculiar habits or behavior, moods)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Laboratory: Urinalysis** ( lab'y stick acceptable)

**Occult Blood:** \_\_\_\_\_ **Albumin:** \_\_\_\_\_ **Sugar:** \_\_\_\_\_

**Blood Glucose:** \_\_\_\_\_ **Hepatitis- B Screening:** \_\_\_\_\_ **HGB:** \_\_\_\_\_

Authorization for Physical Therapy Evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

Specific Reason:

\_\_\_\_\_

\_\_\_\_\_

Orthopedic Impairments: (describe)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diagnosis:

Major \_\_\_\_\_

\_\_\_\_\_

Minor:

\_\_\_\_\_

Prognosis:

\_\_\_\_\_

Recommendations:

Are further tests advisable for diagnosis, prognosis, or treatment?

If yes specific

type: \_\_\_\_\_

Are there any restrictions for working conditions? (standing for long periods, lifting, allergies etc.)

\_\_\_\_\_

\_\_\_\_\_

Are there any restrictions for Recreational Activities?

Medication: Is the patient under medication? \_\_\_\_\_

Twenty-Four hour medication regime:

Medication

Dosage

Time

Purpose

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Order for adverse reactions:

\_\_\_\_\_

Any known allergies? \_\_\_\_\_

Medications may be administered by authorized personnel at the facility. \_\_\_\_\_

Client may \_\_\_\_\_ May not \_\_\_\_\_ participate in Trudeau Recreation Programs.

\_\_\_\_\_  
*Physicians Signature*

\_\_\_\_\_  
*Date*

Physician name & address (printed please)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**J. Arthur Trudeau Memorial Center  
Fact & Medical Sheet**

<b>Date of application for services:</b>	
<b>Referred by:</b>	
<b>Reason for referral:</b>	
<b>Name:</b>	<b>DOB:</b>
<b>SSN#:</b>	<b>Sex:                      Marital Status:</b>
<b>Home Address:</b>	<b>Home phone: Work phone:</b>
<b>Mother's Name:</b>	<b>Address:</b>
<b>Home phone:</b>	<b>Work phone:</b>
<b>Father's Name:</b>	<b>Address:</b>
<b>Home phone:</b>	<b>Work phone:</b>
<b>Additional contact:</b>	<b>Phone:</b>
<b>Additional contact:</b>	<b>Phone:</b>
<b>Additional contact: N/A</b>	<b>Phone:</b>
<b>Agency contact person:</b>	<b>Phone:</b>
<b>Daytime/work contact:</b>	<b>Phone:</b>
<b>Case Manager:</b>	<b>Phone:</b>
<b>DDD Social Worker:</b>	<b>Phone:</b>
<b>Method of communication:</b>	<b>Registered voter: Y / N</b>
<b>Language spoken/understood:</b>	
<b>Response to emergency/ Self preservation:</b>	
<b>Guardianship/Financial: Self/Other</b>	<b>Guardianship/Medical: Self/Other</b>
<b>Special considerations:</b>	
<b>Primary insurance coverage:</b>	<b>Preferred medical center/hospital:</b>
<b>Medicare:</b>	<b>Advanced directive on file: Y / N</b>
<b>Medicaid:</b>	<b>Date of last tetanus booster:</b>
<b>Current source of income and amount:</b>	
<b>Allergies:</b>	<b>Date of last physical:</b>
<b>Height:</b>	<b>Weight:</b>
<b>Eye color:</b>	<b>Hair color:</b>
<b>Religion:</b>	<b>Place of worship:</b>
<b>Medical Diagnosis:</b>	<b>Secondary Diagnosis:</b>

<b>Specific Medical Concerns:</b>	
<b>Current Medications: Always confirm current medications including name, dosages, and times given before using this information to treat.</b>	
<b>Primary care physician's name, address and phone:</b>	
<b>Additional physicians name and specialty:</b>	<b>Phone:</b>
1.	
2.	
3.	
4.	
5.	
6.	
<b>Prepared by:</b>	<b>Updated on:</b>
<b>Reviewed by Nursing Department:</b>	<b>Reviewed by UCM Supervisor:</b>

**Considerations not otherwise addressed:**