



**The Arc of Opportunity
in North Central Massachusetts
WEEKEND RECREATION CLUB
Intake Packet**

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Please read carefully with the participant.

This is where contact info can be found as well.

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Fill in section I and III ONLY.

Section II is already filled in correctly.

Please complete and return all forms to become a member of the Saturday Recreation Club and attend Saturday Rec.

Thank you! 😊

**The Arc of Opportunity
in North Central Massachusetts
WEEKEND RECREATION CLUB
MEMBER HANDBOOK**

Revised 07/20/23

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INTRODUCTION & CLUB OVERVIEW/FOCUS

The Arc of Opportunity's Recreation Club offers a variety of community-based recreational activities for people ages eighteen (18) and up. The club offers people the opportunity to engage in fun recreational activities throughout New England. It also offers opportunities to socialize with friends and meet new people. A lot of planning and coordination is involved in each weekend's activities and, thus, we require that participants 'pre-register' through the online registration link, or by contacting the Program Coordinator, Jezrielle Bruno. **Please note, this is no longer a drop-in club, as everything is planned and budgeted ahead of time.**

Our #1 Saturday Goal is to provide interesting, meaningful, inclusive, recreational, and educational opportunities for as many people as is practical. Hence, the registration limitation to 6-18 participants, depending on staff availability. We have scheduled staff on Saturday, depending on activity and participants. **Thus, it is critical we include individuals who are independent in areas of self-care and have basic self-preservation skills.** We do not make exceptions to the limit of 6-18 participants. We want our participants to integrate into the general community with our gentle guidance and promoting their potential for typical social/cultural interaction.

We also appreciate the need for families, staff, providers, et al. to seek a breather from their regular responsibilities to their person(s). So, we offer a variety of activities, ranging from in-house leisurely crafts and activities to community exploration. **We trust that people are given the choice of attending on the days that include plans they enjoy.**

The activity fees vary based on the activity. The fee covers all the expenses from gas to meals to the cost of events to staffing. Thus, in-house activities are often less costly than community activities.

Submission of the weekend recreation packet will make you a participant in the Weekend Recreation Club. **Weekend recreation packets are updated on an annual basis.** Firstly, we want to be sure we are giving everyone an equal chance to participate in the activities of their choice. Although we appreciate that our program is the first choice for many people, **we want to be sure that you are considering and discussing planned activities with the participant(s).** If you would like information about our recreation scholarship program, please contact Justine Buckley.

INTAKE FORM AND EMERGENCY FACT SHEET

Anyone interested in becoming a club member must first complete an intake Weekend Recreation Packet. **The packet includes this club handbook, program release, recreation assessment, emergency medical information, and media release.** A club member will not be able to participate in any activities until the proper paperwork has been completed, reviewed by recreation staff and approved. This can take up to two weeks. Please plan accordingly.

Each member is responsible for keeping the information on the Emergency Fact Sheet up to date. Members must communicate any changes with the program staff. We minimally require a Program Release on an annual basis.

SIGN UP AND SIGN-IN POLICY

In order to sign up for a weekend recreation club activity you must **register and pay for the event. This can be done online, in person or through mail.** This allows for ample time to plan and prep for the activity. **Anyone who shows up on Saturday without prior registration will not be permitted to stay.** An emergency contact number for each member must also be left. No exceptions will be made. **Please DO NOT arrive prior to scheduled time. There will not be any staff and the doors will be locked. The Arc staff are not responsible for participants before arrival time. The arrival time will always be noted in the agenda sent out the day before each activity but is almost always 11am.**

STAFFING

The Recreation Club is staffed with well-trained and knowledgeable people. The club has a full-time Family Support and Recreation Coordinator, Jezrielle Bruno, and rotating relief staff. The staff to club member ratio is typically no more than a one to six ratio; however, this can vary based on activities and transportation availability. Staff are responsible for ensuring the overall safety of the club members. Staff are also responsible for the coordination and transportation of club members to and from the community-based activity. **If you bring your own 1:1 staff, they will need to pay for their meal and any activity fees. Please note if you're bringing your own 1:1 staff when you sign up.**

Staff are NOT responsible for transportation to and from the club, administering of any medications, and/or money management.

TRANSPORTATION

All club members are responsible for securing transportation to and from the club.

The club is equipped with 1-2 vans that are used to transport club members to and from the scheduled community recreation activity. All club members are required to wear seat belts and act in a safe manner while riding in vehicles. Any infractions of this will result in disciplinary action.

HOURS AND LOCATION

The club is located at The Arc of Opportunity, 564 Main St., Fitchburg, Massachusetts. **Entrance is off 161 Boulder Drive through the main reception door.** The club telephone number is (978) 652-2150.

The club is open on most Saturday afternoons. Hours are typically from 11:00AM to 5:00PM on Saturdays. These times may vary due to the time and location of a scheduled activity. A lot of planning and coordination is involved in each weekend's activities and, thus, we require that participants 'pre-register' through the online registration link, or by contacting the Program Coordinator, Jezrielle Bruno. **The building is open at 11:00AM and the van leaves at 11:30AM.** The van will not wait for any person that is late.

It is important that the participant is picked up on time. Staffing cost are included in the fees. We understand things happen, however, failure to be on time could result in the participant not being allowed to attend future events.

PLEASE be considerate of others and adhere to the schedule when picking up or dropping off individuals. Also, the building is locked until Club opens at 11:00AM; please do not arrive prior to opening time.

MEMBERSHIP AND ACTIVITY FEES

The club has a membership fee of \$10.00 per day. The fee is INCLUDED in your online registration payment. We do offer a need-based scholarship to cover the cost of dues for those whom paying this fee would present a hardship. There is NOT any scholarship money available currently for the Activity fee for the Weekend Recreation Club. If you are interested in applying for a scholarship for DUES to the Recreation Club, please contact Program Coordinator, Jezrielle Bruno.

All fees are payable before the day of attendance. Members who arrive without his/her advanced payment will not be able to attend the club activity.

RECREATION CALENDAR

Each club member will receive a calendar of events at the end of every month, as well as posted on the website under the Recreation tab. The calendar will list the hours the club is open, any days the club may be closed and the activity/special event that will be taking place. Registration is open as soon as the calendar is distributed.

The agenda, which is distributed the day before the event, will also have times that the van will be departing the club for a scheduled activity or event. These times are scheduled to allow adequate time to transition and arrive at the event on time. Also, all members that attend the Weekend Recreation Club on a particular day **need to be willing/able to participate in the planned activity since staff are not able to remain at The Arc.**

All activities and events are scheduled based on the input from each club member. The club's focus is to offer each member a variety of enjoyable activities and strive to make it enjoyable for each member; **however, there may be times that an event or activity may not be appropriate or of interest to a member. Please be sure to check the calendar before coming to an event.** (ex. A member that has difficulties ambulating on un-even terrain may not want to attend if there is a hiking trip planned or a member that does not like loud noise may not want to attend a concert at the DCU Center).

MEDICATION POLICY

Any member requiring medications **must be able to self-medicate.** Club staff are not medication certified and cannot administer medication. Staff may offer some assistance such as a reminder to take medication, holding medication envelopes, etc., but will not be

responsible for physically administering medications or any type of preparation (crushing or mixing).

BEHAVIOR POLICY

To ensure that each club member can enjoy, and safely participate in the community recreation activities the club offers, a behavior policy is in place and will be implemented as follows.

If a serious behavior (physical aggression, non-compliance with staff, safety concerns, property destruction) does occur on a trip or during a Weekend Recreation Club activity, family members/provider will be called to come pick up the individual or to make immediate travel arrangements to return the traveler home at their own cost. Serious behavior can result in suspension and/or termination of recreation services.

Once a participant arrives and signs into the club it is expected that they stay with the group until they are picked up at the end of the day. This means it will no longer be allowed to leave and go to Espressos, so please make sure to go before coming to Rec Club. This will be strictly enforced due to safety and accountability concerns.

LOST ITEMS POLICY

The Arc and staff are not responsible for any lost items or belongings that are lost while attending the recreation program. Please do not send or bring any valuables along as the staff cannot ensure that they will not be lost. If the items are needed, the participant is responsible for ensuring that they do not lose or leave behind any belongings. Verbal reminders will be frequently given by staff to make sure no one leaves anything behind.

HEALTH POLICY

Although everybody enjoys coming to the recreation center, there may be days when you/your family member does not feel well and cannot or should not attend. Listed below are specific health policies that must be followed.

Please use your best judgement when coming to the recreation club. We want to keep everyone healthy. If you have any illness that is contagious or communicable such as COVID-19, scabies, staph infections, strep throat, head lice, chicken pox, etc. Also, if you are experiencing any COVID-19 symptoms, fever, diarrhea, vomiting, or persistent cough/abnormal discharge should also stay home. We are looking out for the best interest for everyone.

WEATHER CLOSING ANNOUNCEMENTS

If the weather causes a delay a phone call will be made to all family members/providers as soon as a decision is made. Please also check the website and/or voicemail to see if rec club activity has changed. Phone number is (978) 652-2150 and website is arcofopportunity.org.

It is the responsibility of each club member to check for weather cancellations/activity changes. While we hope to offer all scheduled activities, we are not willing to risk the safety of individuals to do so. If there is any doubt an activity will take place, please confirm it is happening and the hours prior to leaving home. Please be sure the Recreation Club is open before leaving home; we don't want anyone stranded in front of a closed building! For everyone's safety, please do not use Dial-a-Ride, other transportation or drop anyone off for an activity without this confirmation. Thank you for your cooperation.

CANCELLATION POLICY

The cancellation policy for overnight trips is 30 days prior to the trip to receive credit or refund. For Saturday Rec, it is 24 hours (Friday 11:00AM). **Anything after the deadline will not be refunded or credited.**

CONTACT NAMES & NUMBERS

Maia Wentrup, Program Director of Family Supports and Recreation
(978) 343-6662, ext. 1011 or (978) 857-0911 m.wentrup@arcofopportunity.org

Jezrielle Bruno, Program Coordinator of Family Supports and Recreation
(978) 343-6662, ext. 1013 or (978) 652-2150 j.bruno@arcofopportunity.org

Recreation Club, Jezrielle Bruno (978) 652-2150

Justine Buckley, Division Director of Day Hab and Family Supports
(978) 343-6662, ext. 1058 j.buckley@arcofopportunity.org

-----Sign & Return below-----

By signing this document, I am acknowledging the expectations of the Rec Club and agree to follow all policies and procedures therein. I also acknowledge that I have received a copy of the Weekend Recreation Member Handbook and have gone over it with the participant.

Caregiver/Provider/Family Signature

Date

Recreation Participant Signature

Date

**The Arc of Opportunity
Recreation Assessment (1)**

Name:

D.O.B:

Does the individual (currently or within the last year):

Hit, bite, or have other aggressive behaviors towards others?

Frequently

Occasionally

Rarely

Never

Describe:

Bite, hit, or have other self-injurious behaviors?

Frequently

Occasionally

Rarely

Never

Describe:

Yell, scream, swear, or have other inappropriate social behaviors?

Frequently

Occasionally

Rarely

Never

Describe:

Any inappropriate sexual behaviors?

Frequently

Occasionally

Rarely

Never

Describe:

Self medicate? Or able to take pills from an envelope and take it on their own? Yes No

Dress and undress independently? Yes No

Describe help needed?

Sleep through the night on their own? Get up, go to bed? YesNo

If no describe help needed.

The Arc of Opportunity

Recreation Assessment (2)

Can the individual:

Shower, brush teeth, comb hair, other hygiene tasks independently? Yes No
Describe any help needed:

Use bathroom, toileting, menstrual care independently? Yes No
If no describe any help needed:

Walk on their own for short/long distances independently? Yes No
If using a walker, stamina for waking distances? Yes No
Able to keep up with a group at the average pace? Yes No
Or need a slower pace/ more frequent rests? Yes No
If using a wheelchair, able to propel and transfer independently? Yes No
Please describe help needed:

Communicate needs and preferences independently to be understood? Yes No
If no describe help needed?

Able to follow directions and stay with their assigned group? Yes No
If no describe help needed?

Comfortable to travel with a ratio of 1 chaperone to 3-4 peers. Yes No
If no describe help needed?

Comfortable to sleep in a hotel room with peer or newly acquainted peer? Yes No
If no describe help needed?

The Arc of Opportunity Recreation Assessment (3)

Able to handle spending money independently? Yes No

If no describe help needed? Yes No

Any specialized medical needs? (i.e. equipment, diabetes, seizures, etc.) Yes No

Able to handle them independently? Yes No

If no describe help needed.

Will recognize and respond to fire alarm independently? YesNo

If no describe help needed.

Know their name, address, home telephone number? Yes No

Ask for help if needed? Yes No

Would recognize and medical emergency/ need for first aid and seek out help ? Yes No

If no describe help needed.

If over 21, travelers may order alcoholic beverages with their own money, unless prohibited.

May this individual drink alcoholic beverages? Yes No

Forms must be filled out completely and accurately. It is important to have accurate information to assure each individual's appropriate placement and safety. Information known to Arc Staff will also be considered. A panel of The Arc recreation and senior leadership staff will assess every packet before a person can participate in recreational services.

Inaccuracies could result in an individual being sent home from a trip, eligibility for level of service being changed and or impact future trip participation.

Certain measures automatically determine if participation is possible at all: other measures determine if a 1:11 assistant is required. In most cases the combined answers determine the level of support required.

Person completing this form, the relationship with the individual _____

Signature

Date



**Arc of Opportunity
Weekend Recreation Program Release**

_____ will be attending Arc vacation trips, overnight trips and
or Recreation Club activities.

In the event of a medical emergency permission is given for _____ to
be transported to the hospital for treatment if deemed necessary. I also give permission for
the above mentioned person to be treated by medical personnel and for Arc staff to share
medical information with the attending medical personnel.

It shall be the responsibility of the Arc staff to notify families/guardians and or residential
staff in the event of a medical emergency.

Individual's Printed Name

Individual's Signature

Guardian's Printed Name
(if applicable)

Guardian's signature
(if applicable)

Date

Emergency Medical Information
The Arc of Opportunity Community Weekend Recreation Club

Name: _____

DOB: ____/____/____ Social Security #: _____

Phone Number: _____

Address: _____ City: _____ State: _____

Email Address: _____

CURRENT PHOTO

GUARDIAN INFORMATION (IF APPLICABLE)

Name: _____

Phone Number: _____

EMERGENCY CONTACT(S):

Name: _____

Phone Number: _____

Email: _____

Name: _____

Phone Number: _____

Email: _____

MEDICAL INFORMATION:

Physician's Name: _____ Phone Number: _____

***Medication**

Dosage

Frequency

Reason Prescribed

*Medication must be self-administered as rec-staff is not certified to administer medication.

Medical and/or Special Conditions: (Including Dietary): _____

Allergies: _____

**** Date of Last Tetanus Shot:** _____

INSURANCE:

Type: _____ Policy Number: _____

Date Form Completed: _____

PERMISSION FOR RELEASE OF PHOTOGRAPHS/VIDEO IMAGES - 115 CMR 5.04(2)**SECTION I. Personal Information:**

Individual's Name: _____

Phone: _____

Address: _____

Date of Birth: _____

SECTION II. Permission to Use Images: Check Box A. if you wish to give The Arc of Opportunity (The Arc) ongoing permission to use any images of you. Check Box B. if you only wish to give The Arc permission to use one or more specific images of you (and identify the images by digital description/number *e.g.* JPEG, GIF, PNG, or attach to this form). You may check both A. and B. if you wish to give The Arc permission to use both specific images of you and ongoing permission to use any images of you.

A. ☒ I hereby provide my permission to The Arc to use any photographic image(s) and/or video(s) of me for the following purposes: Various informational print material, public display signage, eNewsletter, The Arc's website, and social media, including but not limited to Facebook, LinkedIn, Twitter, Instagram, and YouTube.

B. ☐ I hereby provide my permission to The Arc to use these specific photographic image(s) and/or video(s) of me () for the following purposes:

☐ Posting to The Arc's Website and/or Social Media Accounts (*e.g.* Facebook, Twitter, Instagram, etc.).
Note: social media posts may include personal information identifying me by name. I acknowledge that image(s) and/or video(s) posted on the internet can be viewed and downloaded by others and that social media posts may be shared or re-tweeted by other accounts once posted by The Arc and I hereby consent to the same.

☐ Informational Brochures or Pamphlets

☐ Photographic or Video Presentations for Public Display

☐ Photographic or Video Presentations with Personal Information for Public Display

☐ Other (Please Specify) _____

☒ I am providing my permission for the ongoing use or disclosure of photographs, and images taken of me (or the individual for whom I am guardian) and that The Arc does not have to obtain my permission for additional uses of my image(s) and/or information that I have authorized above during the term of this Permission for Release.

SECTION III. Written Consent. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. If I revoke my permission, I must do so in writing and present it to The Arc, staff or office authorized to use or disclose my images or information by this Permission for Release. I understand that once

the above image(s)/information is/are disclosed, recipient(s) may re-disclose it and the material may not be protected by federal or state privacy laws or regulations. I understand my consent to the use or disclosure of my image(s) or information is voluntary and I do not need to sign this form to continue to receive services from [Provider].

Signature of Individual or Guardian

Date

Print Name (and identify legal authority if signed by Guardian or other Legally-Authorized Representative)

My consent will expire _____ (date or event – must not exceed one year).

INSTRUCTIONS:

1. This form must be completed in full.
2. Ensure that the expiration date or event listed on page 2 is practical.
3. Distribution of copies: Original to The Arc of Opportunity; copy to individual, guardian, or other legally authorized representative.