

YMCA of Orange County- New Horizons
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www.ymcaoc.org/nh

PARTICIPANT APPLICATION FORM

PROGRAM DESCRIPTION

The New Horizons program offers social interaction for developmentally disabled persons by providing opportunities to make friends while exploring California and surrounding regions. Participants are given the ability to practice their social skills, motor skills, language skills, camping and travel skills, as well as group sharing.

Members can achieve a sense of independence as they explore their community and surrounding areas without the aid of parents or care providers. They will have the satisfaction of knowing they can learn new skills, make new friends, and care for their own basic needs.

Parents and care providers entrust the YMCA New Horizons program with the safety and well-being of their loved ones every week. Our staff accompanies members on all outings and provides supervision on overnight activities.

NEW HORIZONS MISSION STATEMENT

To add a meaningful dimension to the lives of persons who are developmentally disabled by providing opportunities for socialization and recreation experiences within the community. Our activities provide an opportunity to increase self-esteem and encourage development of autonomous behavior and self-expression for our members.

WHO WE SERVE

The New Horizons program serves individuals with developmental disabilities such as Down syndrome, cerebral palsy, learning disorders, and autism. Participants must be 18 years of age or older.

The New Horizons program has been collaborating with the Regional Center since 1974. Together we have provided families in Orange County with excellent services. As a vendor with the Regional Center, respite hours can be applied to all activities offered by our program. A reservation must be made for all activities as we are on a first-come, first-serve basis. Payment for activities varies with each event and information on deposits and payments will be given at time of reservation for the activity.

We strive to provide each participant with the highest quality of service. Please contact us for an event calendar and/or to reserve a spot at an upcoming activity.

ELIGIBILITY REQUIREMENTS

1. Must be at least 18 years of age.
2. Must be willing to take direction from staff.
3. Must not be a danger to himself/herself or others and be willing to follow safety rules.
4. Must follow the YMCA code of conduct; no drinking alcoholic beverages, no smoking or engaging in promiscuous behavior; including kissing or touching in an inappropriate manner while on YMCA activities or at camp.
5. Boys and Girls are not to enter into each other's lodging areas. This behavior may disqualify participants from the program and parents and/or care providers may be notified to pick up the participant from the camp/activity.
6. Parent/Care Providers/Conservators **MUST** be available to pick up participants at any time in case of injury/ illness or behavior issue.
7. We strive to provide a **positive and safe work environment** for YMCA staff/participants; therefore **we reserve the right to deny services** to participants/families/care provider(s)/conservator(s) should a situation arise that threatens YMCA staff and/or other members' safety.

I acknowledge I have reviewed and understand the requirements listed above.

Participant Signature

Date

Parent/Care Provider/Conservator

Date

AGREEMENT

I hereby agree that in the event of illness and/or accident, that the YMCA of Orange County will not be held responsible. I further authorize the YMCA of Orange County, or its representative, to take any measure deemed necessary or desirable under the circumstances, in order to aid my participant, including surgery and/or medical attention. In the event that my participant must be returned home due to an emergency illness or extreme disruptive/noncompliance behavior, I understand that I am responsible for the return transportation and that no refunds will be issued. I also understand that the YMCA of Orange County is not responsible for lost or stolen personal items.

Participant Signature

Date

Parent/Care Provider/Conservator

Date

PARTICIPANT INFORMATION

Name: _____ Home Phone: _____
 Address: _____ City/Zip Code: _____
 Residence: Group Home: _____ Parent/Care Provider/Conservator: _____
E-Mail
(Caregiver/Participant): _____ / _____

Participant uses any special devices or needs any accommodations: ___Yes ___No
 If yes, please explain:

Diagnosis	Classification Level (1-2-3-4)
Other/Additional Information:	

Please note any Psychological Disorder:

Personal Skill Level (please check one per skill)	No Assistance	Some Assistance	Much Assistance
Personal Hygiene			
Able to alert others to their wants and needs			
Limits Own Food Intake			
Handling Money			
General Personal Safety			
Using the Restroom			
Comments:			

Conservatorship or Guardianship

In consideration of participation in any New Horizons events and trips, we require that Parents/Caregivers inform the YMCA Staff if they have Conservatorship or Guardianship overseeing the welfare of an adult with developmental disabilities.

Being appointed Conservator or Guardian of a person allows Guardian or Conservator to be involved in medical, education, and other decision making when the adult is unable to do so.

Yes, I have Conservatorship or Guardianships of _____.
Participant Name
Please attach a copy of the Conservatorship or Guardianship.

No, I do not have Conservatorship or Guardianship of _____.
Participant Name
He/She is legally capable of signing his/her own name.

Parent/Care Provider/Conservator will inform the New Horizons Staff of any change regarding Conservatorship or Guardianship.

(Print) Parent/Care Provider/Conservator Date

(Sign) Parent/Care Provider/Conservator Date

New Horizons Staff (Sign) Date

Updated On (Date): _____

New Horizons Staff: _____

YMCA POLICY – PARTICIPANTS WITH SPECIAL NEEDS

1. The YMCA of Orange County welcomes all persons with developmental disabilities (DD) and does not discriminate against individuals based on a disability. The New Horizons program provides services to DD persons, who include members with disabilities or any special needs, in the same manner as services are provided for other members of comparable age.

2. The YMCA has the obligation to ensure the physical and emotional safety of each of the members entrusted to its care. It is essential that all pertinent information about the member's needs be available to staff from the outset of enrollment and that a continuing bond of trust and mutual partnership exists for the benefit of the member. Therefore, a parent/guardian has the obligation to disclose significant medical, physical, emotional, psychological or social behavioral issues, and/or unacceptable sexual behavior at the time of the member's enrollment and on an ongoing basis.

Please note if any of these behaviors are present in your participant:

1. Emotional behavioral tendency/issues (happy/sad/frustrated/demeanor/manners)

2. Social behavioral tendency/issues (outgoing/shy/interaction/response)

3. Psychological behavioral tendency/issues (paranoid/schizoid/talks to self/manners/makes up stories/etc.)

4. Sexual behavioral tendency/issues (understands relationships/mating/sexual stimulation)

3. Minimal monitoring and extra supervision will be provided as long as it does not fundamentally alter the nature of the New Horizons program or constitute an undue burden. Such monitoring or extra supervision will be provided consistent with the responsibilities that all group youth operators have for the safety and well-being of their members. The YMCA is, however, unable to provide one-to-one care for any members except on an intermittent basis, such as injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other members.

Person Financially Responsible for the Participant:

The YMCA New Horizons program requires that someone other than the participant be financially responsible on behalf of the participant. This ensures that the New Horizons program has a contact and point person with whom we can address all billing inquiries. This information will remain confidential. Our Financial Aid Application is available upon request.

Name: _____

Address: _____

City/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Signature: _____ Date: _____



YMCA of Orange County – New Horizons

Credit Card Authorization Form

Account Holder Name (Please Print) First/Last

Daytime Phone

Participant's Name First/Last

Today's Date

AUTHORIZATION STATEMENT:

I (we) hereby authorize the YMCA of Orange County to initiate a debit from the Card

Account indicated below:

CREDIT CARD # _____

EXPIRATION DATE: ___/___/___

CARD HOLDER NAME (Please Print): _____

TYPE OF CARD: _____ ISSUER: _____

This authority is to remain in effect until the YMCA receives **written notification** of its **termination** from the undersigned party.

<p>_____</p> <p>Account Holder Signature</p>	<p>_____</p> <p>Date</p>
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For Office Use Only: Member# _____

Date Completed: ___/___/___ Initials: _____

EMERGENCY MEDICAL INFORMATION

Participant Name: _____ Date of Birth: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Medical Insurance: _____

Other: _____ Does Member take medication: Yes ___ No ___

Type(s) of medication/condition

Condition	Medication	Breakfast	Lunch	Dinner	Bedtime

Additional Information

Known Allergies:

Diet Restrictions:

Program Release Form - for the Administration of Medicine

The law allows certain persons to assist in carrying out a physician's recommendation. It is understood that the YMCA New Horizons program is not legally obligated to administer medication to my child or ward. Therefore, I agree to hold the YMCA New Horizons program, its personnel and employees free from any and all responsibility for the results of such medication or the manner in which it is administered and to identify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

In case of emergency, if I or another adult member of my family or residential facility cannot provide needed medical care, I authorize the YMCA New Horizons program to administer first aid and/or obtain "Emergency Medical Treatment" on my behalf.

Participant Signature

Date

Parent/Care Provider/Conservator Signature

Date

EMERGENCY CONTACT INFORMATION

Name	Relationship to Participant	Home Phone Number	Cell Phone Number	Email

SUNSCREEN UTILIZATION PERMISSION

Participant Name: _____ Date: _____

As the parent/care provider/conservator of the above participant, I give permission for New Horizons Staff to apply sunscreen SPF 15 or higher, as specified below, when he/she will be engaging in outdoor activities during New Horizons events and trips. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, ears, bare shoulders, arms and legs.

Additionally, I have checked indicated below directives regarding the type and application of sunscreen:

_____ New Horizons Staff may use sunscreen of their choice, in keeping with applicable state standards

_____ Only use the following types of sunscreen, (participant must provide):

_____ For medical or other reasons, please do not apply sunscreen to the following areas of the participant:

(Print) Parent/Care Provider/Conservator Date

(Sign) Parent/Care Provider/Conservator Date

**YMCA OF ORANGE COUNTY
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

Participant Name: _____
(Please Print)

Parent/Care Provider/Conservator Name: _____
(Please Print)

In consideration of participating in any YMCA program or using any YMCA facility, the undersigned agrees to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage on account of injury to the person or property except as caused by the negligence of the releases.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases from any loss, liability, damage or cost they may incur due to the undersigned's participation in YMCA programs or use of YMCA facilities except as caused by the YMCA's negligence.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Participant Signature

Date

Parent/Care Provider/Conservator Signature

Date

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the YMCA of Orange County or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

All works shall belong to YMCA of Orange County;

The Y has no duty of confidentiality regarding any licensed uses;

YMCA of Orange County shall exclusively own all known or later existing rights to the uses throughout the world;

The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____

Event Rules and Other Important Information

1. Participants must sign-up a minimum of 24 hours in advance, however, most events require participants to sign-up up to 2 weeks in advance. Please contact New Horizons staff as soon as possible to sign-up.
2. Any reservations made by email, phone or in-person must receive a confirmation notice. If you do not receive a confirmation, your reservation is **not confirmed** and will not be honored. All confirmations are made by email; IF you do not have an email YOU MUST call the office for confirmation.
3. Participant cancellations must be made in accordance to our cancellation policy (p 13).
4. Walk-in's may be turned away due to limited space or pre-purchased event tickets.
5. Events are subject to be changed or canceled within an 8-hour notice of the scheduled event due to weather conditions, lack of participation, or an unforeseen circumstance.
6. Participants must be dropped off for events **on-time** or may miss the event. Participants who arrive more than 45 minutes ahead of the event time will be charged 1 RCOC Hour or \$20 with the exception of OCTA ACCESS.
7. Participants must be picked up **on time** after events. If a participant is picked up 30 minutes after the event ends, they will be charged 1 RCOC Hour or \$20 with the exception of OCTA ACCESS. Parents/Care Provider/Conservator must be available to pick up participant if ACCESS doesn't show up.
8. All participant medications must be reported to New Horizons staff, as well as any important information pertaining to medication usage, including if a participant is starting or stopping a medication.
9. Participants must be 18 years or older to attend events that are longer than 5 hours and 21 years or older to attend any overnight trip.
10. New Horizons will conduct monthly safety drills during events.
11. Participants must sign and agree to the YMCA of Orange County's cellphone Policy (p 14).
12. Parents/Participants must notify New Horizons of any incidents/concerns within 24 hours.
13. We strive to provide a positive and safe work environment for YMCA staff and members; therefore we reserve the right to deny services to members, families, care providers, and conservators should a situation arise that threatens a YMCA staff and/or members' safety.

Participant Signature

Parent/Care Provider/Conservator Signature

Overnight Rules and Other Important Information

1. Participants must be 21 years or older to attend overnight events and have participated in a minimum of eight events.
2. Parents/Care Providers/Conservator must attend a mandatory overnight meeting with the participant to go over the itinerary, policies, and overnight waiver (one per year).
3. Participants must sign-up at least 1.5 weeks in advance for MOST overnight trips.
4. New Horizons will conduct monthly safety drills during overnight trips.
5. Any reservations made by email, phone or in-person must receive a confirmation notice. If you do not receive a confirmation, your reservation is **not confirmed** and will not be honored. All confirmations are made by email; IF you do not have an email YOU MUST call the office for confirmation.
6. Participant cancellations must be made in accordance to our cancellation policy.
7. Parents/Care Provider/Conservator are required to go over the Roommate Policy with the participant before each overnight trip.
8. Participants must be dropped off **on-time** or may miss the event and cancellation will be applied. Participants who arrive more than 45 mins ahead of event time will be charged 1 RCOC Hour or \$20 with the exception of OCTA ACCESS.
9. Participants must be picked up **on time** after events. If a participant is picked up 30 minutes after event ends, they will be charged 1 RCOC Hour or \$20 with the exception of OCTA ACCESS.
10. Participants who require medication to be dispensed by New Horizons must arrive with the medication log completed and medication must be in proper container and label (pillbox or envelope). Medication that is in its original container will not be accepted, with the exception of liquid medication.
11. Parents/Care Providers/Conservators must be available to pick participant in case of emergency, illness or behavior issue. If event is out of state, Parents/Care Providers/Conservators must be available for collaboration.
12. Participants attending an overnight trip must be able to perform bathroom/showering habits with little to no staff assistance.
13. Participants must be able to transfer in/out of wheelchair with little to no assistance.
14. Participants who require extra assistance with toiletry needs must provide their own aide. This aide will be required to take a YMCA approved background check at his or her own cost.
15. We strive to provide a positive and safe work environment for YMCA staff and members; therefore we reserve the right to deny services to members, families, care providers, and conservators should a situation arise that threatens YMCA staff and/or other members' safety.

Parent/Care Provider/Conservator

Date

To be DISQUALIFIED from the New Horizons Program

The New Horizons program offers social interaction for adults with developmental disabilities by providing opportunities to make friends, practice their social and motor skills, as well as group sharing. Participants can achieve a sense of independence as they explore their community, surrounding areas, and have adventures without the aid of Parent/Care Provider/Conservator.

Parents/Care Providers/Conservators entrust the YMCA New Horizons program with the safety and well-being of their loved ones every week. Our staff accompanies the participants on all outings and provides supervision on overnight activities.

We strive to provide a **positive and safe work environment** for YMCA staff/participant; therefore **we reserve the right to deny services** to Participant/ Parent/Care Provider/Conservator(s) should a situation arise that threatens YMCA staff and/or other participant(s).

YMCA of Orange County has zero tolerance policy on bullying or harassment in the New Horizons program. The YMCA participants will treat all participants with respect during and after New Horizons programing in all aspects of safety.

In the case that an incident occurs, New Horizons will set up a meeting with participant, Parent/Care Provider/Conservator, and Regional Service Caseworker to discuss the "matter/subject" before a participant can rejoin the program.

The participant will be on an agreement contract and will oblige by the agreement in order to attend any event. If the participant does not obey the "agreement", the participant will be terminated from the YMCA New Horizons program.

Participant Signature _____ Date _____

Parent/Care Provider/Conservator Signature _____ Date _____

No Show/Late Cancellation Charge

The following chart displays the types of events and their corresponding charges:

Event Type	No-show/Late Cancellation charge	Late cancellation charge effective:
3-5 hour weeknight event	\$35, plus the cost of any pre-purchased tickets	Less than 8 hours before the event start time
8-12 hour Saturday event	\$55, plus the cost of any pre-purchased tickets	Less than 72 hours before the event start time
28+ hour weeklong event	\$300, plus the cost of any pre-purchased tickets/ Hotel	Less than 14 days before the event start time
Flying Trips	**Please ask Staff**	

Participants who are a no-show or cancel late will receive an invoice detailing the missed or cancelled event.

Cancellations will be confirmed by New Horizons staff in writing.

PAYMENT MUST BE RECEIVED BEFORE PARTICIPANT IS ABLE TO ATTEND ANOTHER EVENT.

Payment may be made by cash, check or money order.

Participant Signature Date

Parent/Care Provider/Conservator Date

YMCA of Orange County Cellphone Policy

We would like to take this time to explain our cell phone & electronics policy. Focusing on social responsibility, and development of participants, we allow the use of participants' personal cell phones and electronics. The participants have standards that need to be followed with the use of these electronics. Please review with your participant the below standards that are implemented at the YMCA New Horizons Program. A parent & participant signature is required.

Cell Phone and Electronic Permission

1. New Horizons is not responsible for any lost, broken, or stolen items.
2. New Horizons is not able to monitor messages or internet use on personal devices.
3. New Horizons is not responsible for any cell phone usage or social medial usage outside the YMCA program between participants.
4. If you need to voice a concern, contact New Horizons, do not publicize negative comments/feedback on social media.
5. YMCA of Orange County has zero tolerance on bullying or harassment which includes, calls, texts, Facebook, Instagram or any other social media.
6. The participants will not use their cell phone or electronics for bullying or harassment during **and** after New Horizons program with other participants. (i.e. inappropriate texts, promiscuous actions, etc.)
7. Each cell phone is for the participant's personal use and may not be shared with other participants.
8. During activity times, participants are expected to put electronics away to participate in activities.
9. New Horizon's recommends that parents/care providers/conservators monitor phone activity including responsible text messaging and contact numbers.

I have read and agree to the above statements and I give my participant permission to use their electronics within the YMCA New Horizons. *I understand that if any of the aforementioned rules are to be violated, while within and/or outside the YMCA New Horizons, there will be immediate actions taken towards disqualification from New Horizons Program.*

Participant Signature

Date

Parent/Care Provider/Conservator

Date

**NEW HORIZONS YMCA
Participant Reference Sheet**

Participant Name: _____ Date of Birth: _____

Home Address: _____

Parent/Care Provider/Conservator Name(s): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Diagnosis: _____ OCTA Access ID # _____

Triggers:	Behaviors:
Strategies/Interventions:	

Diet/Restrictions:

Known Allergies:

Medications

Does Member take medication: Yes _____ No _____ Type(s) of medication/condition:

Condition	Medication	Breakfast	Lunch	Dinner	Bed Time

Physician's Name: _____ Phone #: _____

Medical Insurance: _____ Policy #: _____

Emergency Contact Information:

Emergency Contact 1: Name: _____ Relationship: _____

Address: _____ City/Zip Code: _____

Home Phone Number: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact 2: Name: _____ Relationship: _____

Address: _____ City/Zip Code _____

Home Phone Number: _____ Cell Phone: _____

Work Phone: _____

Program Release Form- For the Administration of Medicine:

The law allows certain persons to assist in carrying out a physician's recommendation. It is understood that the YMCA New Horizons program is not legally obligated to administer medication to my child or ward. Therefore, I agree to hold the YMCA New Horizons program, its personnel and employees free from any and all responsibility for the results of such medication or the manner in which it is administered and to identify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

In case of emergency, if I or another adult member of my family or residential facility cannot provide needed medical care, I authorize the YMCA New Horizons program to administer first aid and/or obtain "Emergency Medical Treatment" on my behalf. Adult participants who are not conserved or who are not a ward of the court can make their own medical decisions.

Sunscreen Utilization Permission Form:

As the parent or guardian of the above participant, I give permission for New Horizons Staff to apply a sunscreen product of SPF 15 or higher, as specified below, when he or she will be engaging in outdoor activities during New Horizons events and trips. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms and legs.

Participant Signature _____ Phone Number _____ Date _____

Parent/Care Provider Signature _____ Phone Number _____ Date _____

Court Appointed Conservator Signature _____ Phone Number _____ Date _____

TRANSPORTATION PASSENGER PROFILE

PARTICIPANT NAME: _____

PARTICIPANT CELL PHONE #: _____

SITE/LOCATION: New Horizons

BRANCH: YMCA Community Services

HEIGHT: _____

WEIGHT: _____

HAIR COLOR: _____

EYE COLOR: _____

DOB: _____

OCTA ACCESS ID #: _____

For identification purposes, please attach a recent photo:

NH Staff USE ONLY:

- RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
- Waiver/Events Policy
- Overnight Waiver/Policy
- Photo/Video Release
- Sunscreen
- Conserved: YES NO
- IPP

Staff Signature and Date

ATTACH PHOTO HERE