



# Adult Recreation Club

St. James Lutheran Church, 25 N. Adams Street, York, PA  
(Northeast corner of W. Market and N. Adams Streets)

**Dancing, games, crafts, movies, bingo, dining out,  
and special projects are some of the upcoming activities.**

Enclosed is your Adult Recreation Club membership application.

- Everyone must submit a new Adult Recreation Club Application every year.
- Your application must be completed and received by The Arc of York County before the deadline date of **September 16, 2019** in order to attend the first event on Tuesday, September 24.

**Return Application to:**

The Arc of York County  
497 Hill Street  
York, PA 17403  
Fax- 717 - 852 - 8842

[ssuarez@thearcofyorkcounty.org](mailto:ssuarez@thearcofyorkcounty.org)

- **YOU MUST BE PRE-REGISTERED FOR EACH ACTIVITY**  
Since the total people allowed to attending each event is limited.
- Non-members will be charged a \$5 fee at the door to attend each event.
- The Arc does NOT provide transportation.
- If the weather is threatening, please call 717-846-6589
- No one will be contacting you when an event is cancelled.



## To All Persons Interested in Participating in Adult Recreation Club Events Including your TSS, PCA, or other support staff

Every person who attends Adult Recreation Club must either:

(a) Be eligible for MH-IDD funding, OR

(b) Pay **\$5.00** at the door.

Only direct support staff is exempt from this admission fee.

The program is open to all adults, age 18 and over. A guest must also pay the \$5 admission charge and that individual may attend only one time. If that individual wishes to attend again, he/she will have to join the Adult Rec Club as a member. This means he/she must complete an application and registration form.

You may contact the York-Adams MH-IDD Program (717-771-9618) to see if you qualify for funding for our events.

For any additional questions, please call 717-846-6589 or 717-825-8347 and ask for Susana Suarez, The Arc of York County's Community Programs Coordinator.



The Arc of York County  
**Adult Recreation Club**  
**Participant Information Form**  
**2019 – 2020**

**PLEASE PRINT CLEARLY**

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

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

\_\_\_\_\_ City State Zip Code

Telephone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Supports Coordinator at York/Adams MH-IDD: \_\_\_\_\_  
*(Must have your Support Coordinator's name, if left blank you will have to pay \$5 to attend.)*

Total Fiscal Year Units Available \_\_\_\_\_ (must have this line completed to process application).

Emergency Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Parents or Guardians: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have a Person/Family Directed Support Waiver or the Consolidated Waiver through MH-IDD?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any other information we should know? (Medications, seizures, allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**In case of emergency:**

Insurance Provider: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Hospital Preferred: \_\_\_\_\_



**Adult Recreation Club**

**PHOTOGRAPHY & VIDEO RELEASE**

I grant permission for staff of Adult Recreation Club or their designated representatives to Photograph/ video me while participating in Adult Rec Club activities.

\_\_\_\_\_  
(Signature of Participant) (Date)

\_\_\_\_\_  
(Witness)

I hereby grant permission for my photograph to be used for publicity about Adult Recreation Club or The Arc of York County in local newspapers, local television channels, Arc Newsletter, video, etc.

. \_\_\_\_\_YES \_\_\_\_\_NO

\_\_\_\_\_  
(Signature of Participant) (Date)

\_\_\_\_\_  
Witness)

**ACTIVITY AND LIABILITY RELEASE**

I, \_\_\_\_\_, hereby agree to participate in activities  
(Please print full name)

of Adult Recreation Club. Activities may include, but are not limited to: arts and crafts, dancing, eating out, movies, bowling, cooking, light exercising, sports and games, swimming, and attending community service project outings.

I hereby release The Arc of York County; the staff and members of St. James Lutheran Church, staff, volunteers, and all other persons who assist in supervising said programs and activities from all liability or claim rising from the accidental injury to or death incurred by me during or in transit to or from programs and activities from any cause whatsoever.

I further waive claim on The Arc of York County and St. James Lutheran Church for any loss or damage to my property, whether at the church or in route to and from the site.

Intending to be legally bound hereby, I set my signature below.

\_\_\_\_\_  
(Signature of Participant) (Date)

\_\_\_\_\_  
(Signature of Witness) (Date)



## HOUSEHOLD SURVEY

It is **not mandatory** for you to complete this form, but it will be appreciated as it will help The Arc receive much needed funding. The Arc of York County receives contributions and funding from many sources, including United Way and the City of York/County of York. They have requested that we collect the following information.

1. Please check the gender of the person(s) who will receive The Arc services.  
 Female                       Male
2. Please check the age range of the person(s) who will receive Arc services.  
 0-5  6-8  9-14  15-18  19-21  22-61  62+
3. Is the person who receives Arc services Hispanic/Latino?  
 Yes                                       No
4. Please check which one racial description best fits the person who receives Arc Services: **(Check one only)**

Single Race	OR	Multi-Race	
White		Black or African American AND White	
Black or African American		Asian AND White	
Asian		American Indian or Alaska Native AND White	
American Indian or Alaska Native		American Indian or Alaska Native AND Black or African American	
Native Hawaiian or Other Pacific Islander		Other Multi-Race	

5. Please indicate the total number of persons currently residing in your household. \_\_\_\_\_
6. Please check which of the following describes your family's "head of household." (Check only one.)  
 Male                                       Female                                       Two Parents
7. What is your total yearly family income from wages or salary, self-employment, social security, pension, public assistance, rent, interest, or other sources? (Check one line only.) \_\_\_\_\_ \$      0---11,250 \_\_\_\_\_  
 \$19,951---21,250                       \$35,401---38,600  
 \$11,251---12,850                       \$21,251---21,450                       \$38,601---42,900  
 \$12,851---14,450                       \$24,101---26,800                       \$42,901---46,300  
 \$14,451---16,100                       \$26,801---28,950                       \$46,301---49,750  
 \$16,101---17,350                       \$28,951---30,000                       \$49,751---53,150  
 \$17,351---18,650                       \$30,001---31,100  
 \$18,651---18,750                       \$31,101---33,250  
 \$18,751---19,950                       \$33,251---34,300

Signature of person completing this form

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**Please complete this form and return it to The Arc at this address:**

**The Arc of York County  
 497 Hill Street  
 York, PA 17403**

**This information will be kept strictly confidential. Thank you.**