



Bridging the gap for people
with developmental disabilities.

THE ARC OF KATY

PROGRAMS

MANUAL

Social Program

Day Program/Summer Day Program

WELCOME

The Arc of Katy is delighted that you and/or your parents/legal guardian are interested in our Programs for those with intellectual and developmental disabilities. This manual has been written to tell you and your family about our Programs and to document what you must do to participate.

Your safety is our primary concern. Our policies and procedures are necessary to help us create a safe and fun environment where you can enjoy being with your friends.

Before you participate in The Arc of Katy's Social Program, Day Program or Summer Day Program, you and/or your parent/legal guardian/representative must be a member of the Arc of Katy. In addition you must thoroughly and accurately complete all the required forms specified in this package and submit them to:

The Arc of Katy
ATTN: Day Program Committee
P. O. Box 6133,
Katy, Texas 77491.

The Day Program Committee provides a list of eligible Participants to the sponsor or leader of all Programs. Your name will not be on these lists until your current completed forms are received and your forms are verified for completeness.

Our "Year" for the Programs listed in the above paragraph runs August through July. All Participants and/or their representative must keep all forms updated.

We hope you will attend all of our Programs. Please submit your completed forms two weeks in advance of the first scheduled Program event you wish to attend.

We look forward to seeing you soon.

**The Arc of Katy
SOCIAL PROGRAM
POLICY AND GUIDELINES**

Social Program Purpose

The purpose of the Social Program of The Arc of Katy is to provide individuals with intellectual and developmental disabilities the opportunity to interact with others to the full extent of their ability in a safe, supervised community setting and to have fun!

SAFETY OF ALL PARTICIPANTS IS THE PRIMARY CONCERN AT ANY ARC OF KATY FUNCTION. ATTENDING SOCIALS IS A PRIVILEGE, NOT A RIGHT.

Requirements

All Participants must be a paid member in good standing with The Arc of Katy, at least 16 years of age and completed and had approved the required paperwork. Non-member guests will not be permitted to attend any function.

The required forms (some of which must be notarized) are:

1. The Arc of Katy Activity Enrollment form
2. Social Program Policy and Guidelines
3. Consent for Photo Release
3. Authorization of Emergency Medical Treatment
4. Release of Liability
6. Permission to Transport and Release of Liability

No one will be permitted to attend Social Program events until all paperwork is on file. Please allow 2 weeks for processing the paperwork.

Sign In Procedures for Social Program Events

Parent/Legal Guardian must sign Participant in, verifying:

Current contact information

Participant's safe arrival

Current health or behavior issues

Designated time and name of person to pick up Participant from activity.

Parent/Legal Guardian must NOT drop off Participant without signing in.

Behavior at Social Program Events

SAFETY IS OUR NUMBER ONE GOAL AT ALL ARC OF KATY FUNCTIONS. INAPPROPRIATE BEHAVIORS WILL NOT BE TOLERATED.

- Physical violence will result in ARC Sponsors immediately escorting Participant from the activity room. Parents/Legal Guardian will be called requesting immediate pick up of Participant and, at the sole discretion of the ARC Sponsors, appropriate law enforcement officials may be notified. Such acts will result in immediate and indefinite suspension of privilege of Participant attending social activities.
- Sexually inappropriate behavior will result in ARC Sponsors immediately escorting Participant from the activity room. Parents/Legal Guardian will be called requesting immediate pick up of Participant and, at the sole discretion of the ARC Sponsors, appropriate law enforcement officials may be notified. Such acts will result in immediate and indefinite suspension of privilege of Participant attending social activities.
- The following steps will be taken for all other inappropriate behavior(s) as determined by the ARC Sponsors:
 1. A verbal warning will be given to the Participant by the Arc Sponsors.
 2. If inappropriate behavior continues the Arc Sponsor will ask the Participant to leave the area and go sit in another room for a cooling off period.
 3. If Participant fails to comply with Arc Sponsor requests or inappropriate behavior continues, Parents/Legal Guardians will be called to come help manage behavior for the remainder of the Social Program event or, at the discretion of the Arc Sponsors, to take Participant home.
 4. If inappropriate behavior continues at the following Social Program event, Participant will lose the privilege of attending the next Social Program event.
- **FAILURE TO COMPLY WITH THE REQUESTS OF AN ARC SPONSOR WILL RESULT IN IMMEDIATE AND INDEFINITE SUSPENSION OF PRIVILEGE TO ATTEND SOCIAL ACTIVITIES.**

Parent Responsibilities

Parents/Legal Guardians should explain the Social Program Policy and Guidelines to their Participant in terms they can understand. Should Participant's disability require one-on-one attention, the Arc of Katy requires that Parent/legal guardian attend the entire event to ensure a safe and enjoyable environment for all. If attending Parent/Legal Guardian cannot or will not control inappropriate behavior, or is either unwilling or unable to attend the entire event, Participant will have an indefinite suspension of privilege of attending Social Program events.

The Arc of Katy
DAY PROGRAM / SUMMER DAY PROGRAM
POLICY AND GUIDELINES

Day Program / Summer Day Program Purpose

The purpose of the Day Program/Summer Day Program of The Arc of Katy is to provide individuals with intellectual and developmental disabilities (IDD) meaningful activities in a safe and fun environment. The Day Program serves those out of the public school system who do not have the ability or opportunity for employment or other significant activity. In the Summer Day Program Participants 16 and up are eligible to participate.

Requirements

All Participants must be a paid member in good standing with The Arc of Katy. The Day Program will accept those out of the public school system while the Summer Day Program will accept those 16 years of age and older. All Participants must complete and have approved the required paperwork.

The required forms (some of which must be notarized) are:

1. The Arc of Katy Activity Enrollment Form
2. The Day Program/Summer Day Program Policy and Guidelines
3. Consent for Photo Release
4. Authorization of Emergency Medical Treatment
5. Release of Liability
6. Permission to Transport

No one will be permitted to attend Day Program/Summer Day Program until all paperwork is on file. Please allow 2 weeks for processing the paperwork.

It is the parent/legal guardian's responsibility to supply accurate required information on the completed enrollment form and update this information when changes occur. Parents/legal guardians must cooperate in carrying out all policies affecting the operation of the Day Program and Summer Day Program.

Additional Participant Requirements for the Day Program and Summer Day Program

- Takes care of all personal self-help needs
- Be ambulatory
- Maintain appropriate behavior
- Be able to work in a group setting without one-on-one attention
- Desire to attend the program
- Check in and out with appropriate supervisor daily
- Be respectful to all teachers, staff and property
- Participate in activities with a positive, cooperative and willing attitude
- Accept self-responsibility
- Have own transportation with prompt on time arrival and pickup
- Have a parent/legal guardian who will communicate with staff
- Clean work area when finished
- Have fun and enjoy the company of others

Application/Enrollment Procedure for the Day Program/Summer Day Program

1. Submit completed required forms to the Day Program Committee.
2. The Day Program Committee reviews your application and notifies you (1) if you have been approved (or denied) for enrollment and (2) if approved, which days you are scheduled to attend. If there are no openings on the days you wish to attend, your name will be placed on the waiting list(s) for those days.
3. Pay your tuition for the month you are entering the program.

PLEASE NOTE-----your enrollment (and place in the Day Program) is not finalized until your tuition is received. Your enrollment is given to the Day Program Director only after all steps are completed.

Day Program Schedule

The Day Program will follow the Katy Independent School District calendar honoring all holidays and days of instruction. Changes in the calendar will be e-mailed as soon as possible.

Summer Day Program Participants will be provided an activity and special events calendar on the first day of camp. If for some reason the calendar needs to be changed, the Day Program staff will inform the parents/legal guardians/Participant well in advance.

The hours of operation are 8:00 AM to 3:00 PM on Mondays, Tuesdays, Wednesdays and Thursdays. Parents/legal guardians must plan for emergency situations with telephone number and names of back-up persons permitted to pick up Participant.

Parents/legal guardians should be sure that a Day Program staff member is in the facility and has seen their Participant before leaving. If Participants should arrive after 8:15 AM, parents/legal guardians must go in facility with Participant for sign-in. In addition, if Participants arrive after 9:00 AM, parents/legal guardians should find out ahead of time where Day Program Participants will be --- bowling alley, YMCA, etc.

Fees

FEES ARE DUE IN FULL WITHOUT DEDUCTIONS OR DISCOUNTS FOR ABSENCES.

The Day Camp fee per day is \$25.00. All fees are due on the first day of each month and are to be mailed to P.O. Box 6133, Katy, Texas 77491. Fees are considered past due on the 10th of the month. Past due fees are assessed a \$25 late payment charge.

Unpaid fees will result in the forfeiture of a reserved place in our Day Program. To re-enter the Day Program, all fees must be paid in full. If the Day Program has a waiting list, your Participant will be placed in date order on the waiting list. Payment of past due fees after Participant's place has been forfeited does not guarantee an opening in the Day Program. The waiting list must be satisfied first.

There will be a \$25 fee for a check returned unpaid for any reason. After 2 returned checks, no further payment will be accepted by check. A cashier's check or money order must be used to make payment at that time.

HCS Participants

The Arc of Katy will accept payments from HCS Providers of those Day Program Participants who are in HCS (Home and Community Services) administered by a state designated Authority for IDD. The following policies will be enforced.

The Participant (and/or the parent/legal guardian/representative) is responsible for any tuition not paid for by the Provider. **FEES ARE DUE IN FULL WITHOUT DEDUCTIONS OR DISCOUNTS FOR ABSENCES.**

Before the Arc of Katy will agree to accept tuition payments from a Participant's Provider, the Participant (and/or his parent/legal guardian/representative) must:

- a. Confirm a contract is in force between the Arc of Katy and their individual Provider. (The Day Program Committee will work with the Provider of your choice to finalize a contract, but each Participant and their parent/legal guardian/representative are responsible for making sure a valid contract is in place before expecting tuition payments to be made by the Provider.)
- b. Confirm that the Provider has talked with the Day Program Director to establish goals and paperwork requirements.

The Arc of Katy will invoice the Provider at the end of each month with payments due no later than the 30th day of the following month.

Transportation

Each parent/legal guardian will be responsible for providing drop off and pick up. Whenever the Katy Family YMCA uses their means of transportation to deliver Participant to classes at their main facility or elsewhere, seat belts must be used. We hold the right to exclude from this transportation any Participant whose behavior cannot be controlled or when that behavior endangers the lives of the driver or others.

Health Information

Parents/legal guardians must inform The Arc of Katy Day Program staff of any specific diet issues, health concerns or type of activities in which Participant may not participate. Safety and well-being is of the utmost importance for Participants at the Day Program

Anyone with a temperature (even if it can be controlled with medication), vomiting, diarrhea, or a communicable illness **MAY NOT ATTEND THE DAY PROGRAM!** Those who become ill after they arrive will have to be picked up as soon as possible after their parent/legal guardian is notified.

In the case of fever, the Participant must be fever free (this is fever free WITHOUT the use of medicine to control the temperature) for 24 hours before returning to the Day Program. If you have any questions, please call the Day Program staff prior to sending Participant.

Administration of Medication

If medication is to be administered to Participant by a staff member, the written permission by the parental/legal guardian is to accompany that Participant on that day.

Prescription medicine: Prescription medicine must be in the original container, with Participant's name on it and parent/legal guardian must notify Day Program staff in writing of amount and time to be given. Only medicine with their name and in the dosage specified on the container will be given. Most medicines should only have to be given once during the time the Participant is at the Day Program. If the prescription calls for 3 times a day, a dose should be given BEFORE coming and AFTER leaving.

Over the counter medicine: Over the counter medicine must be in the original container with Participant's name written on the container. Parent/legal guardian must notify Day Program staff in writing of amount and time to be given.

Administration of Sunscreen and/or Insect Repellent

If sunscreen and/or insect repellent (each being properly labeled with the Participant's name or initials) is needed, please send with the Participant **only if the Participant can apply same to themselves**. Otherwise, please apply these items to the Participant before they arrive at Day Program.

Accidents

As the parent/legal guardian, you are required to sign an AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION to obtain medical aid in the event of an accident where medical attention is needed immediately and/or time is critical and you cannot be reached.

In the case of an accident occurring and not requiring immediate emergency room treatment, Participant will be made as comfortable as possible while you are en route to the Day Program or the location of Participant. Parent/legal guardian will be contacted as soon as possible after the medical needs have been met.

Nutrition

Each Participant will bring his/her sack lunch, several bottles of water, something to drink with their lunch and 1 snack for mid-morning. If you wish to provide a special birthday snack, please contact the Day Program staff prior to the big day! Participants may bring food of their choice to Day Program (snacks, lunch, etc.).

No food should be sent that requires heating, microwaving and/or refrigeration.

We would ask that you please put name and/or initials on all drinks.

Clothing and Personal Need Items

Simple clothing appropriate for the season which is suitable for indoors, outdoors and exercising should be worn. Female Participants need to supply their own monthly feminine sanitary items and be able to take care of their own personal feminine needs.

Cell Phones, Backpacks, Purses, etc.

Participants may bring cell phones, backpacks and/or purses, etc. with them to camp. Since we do not own the building in which we enjoy the Day Program, we cannot guarantee the safety of any items brought to and/or left at the Day Program. There are other organizations that use the facilities when we are not there. Each Participant will be responsible for any cell phone, electronic equipment, backpacks, purses and/or personal items brought to the camp.

PLEASE NOTE:

- The Arc of Katy and/or the staff of the Day Program will not be responsible for any loss, breakage, theft and/or damage of any personal items brought to the camp by a Participant.
- The Arc of Katy Day Program staff will not come back to any facility to search for any lost item.
- Any lost items must be searched for during regular Day Program hours.

Cell Phone Usage During Day Program Hours

Cell phones may only be used during approved times.

Discipline

Positive verbal correction will be practiced. Appropriate behavior will be recognized and encouraged. Your Participant will learn by example through the use of fair and consistent rules. They will be redirected by stating alternatives when behavior is unacceptable. They will be helped to understand why their conduct is unacceptable and what is acceptable in a given situation.

The Day Program discipline steps include:

Verbal warning
Cooling-off area or time
Calling the parent

Termination of Enrollment

Enrollment can be terminated for any of a variety of reasons such as leaving your Participant at the Day Program after closing, vulgar or abusive language toward The Arc of Katy staff or others, non-payment of account and unacceptable behavior.

**THE ARC OF KATY
SCHOLARSHIP POLICY AND PROCEDURES**

- The Arc of Katy has agreed to offer scholarships to those in need of assistance for both the Day Program and the Summer Day Program.
- The Arc of Katy Board of Directors will approve a total budget for scholarship funding each year in August and the maximum amount of the scholarship award.
- Scholarship Applications will be reviewed and administered by the Finance Committee and one member of the Day Program Committee.
- Those in need of a scholarship will submit a scholarship application to the Finance Committee Chairman or the Day Program Committee representative by either December 1 (effective January 1) or June 1 (effective July 1) of each year.
- Scholarships will be awarded for the school year and will be submitted and approved each year in December and June. Existing scholarships will be reviewed annually for any changes in need.
- Consideration of scholarships awards will be based on:
 - Financial need
 - Special circumstances of the individual
 - Camp staff evaluation

Extended Leave Policy

For the purposes The Arc of Katy Day Program Extended Leave Policy, a full-time Day Program Participant is any person 18 years of age and over who attends the Arc of Katy Day Program during the school year (September through May) and has attended for one full year. (A Day Program Participant is not required to attend Summer Day Program to qualify for Extended Leave.)

Extended Leave Policy Without Paying Tuition

The parent/legal guardian/representative of a Participant must notify in writing the Day Program Committee that the Participant wants to take a leave from Day Program---one month maximum.

A leave from Day Program without tuition payment will be granted for one month once per year. The Participant's place at Day Program will held for the Day Program Participant until the beginning of the next Day Program month.

Extended Leave Policy for Leaves Over One Month

If a Day Program Participant takes a leave from Day Program that lasts more than one month, or if the Extended Leave Without Paying Tuition is not submitted, the following policy applies:

- If the Day Program has no waiting list at the time a Participant wants to return, the Participant may return to the Day Program when he/she desires.
- If the Day Program has a waiting list, the Participant's position will be filled by the first person on the waiting list. The Participant who took the leave from Day Program will then be placed on the top of the waiting list.
- If the Day Program has a waiting list and the Participant wants to keep his/her place at Day Program, they may secure their place by paying their full tuition each month until they return. (Note: The first month's tuition is waived if an Extended Leave Without Paying Tuition is requested and the Participant meets all requirements.)

Abuse, Neglect and Exploitation

Abuse, neglect and exploitation of any person served by The Arc of Katy is prohibited.

Any abuse, neglect or exploitation of any Participant by any person, including but not limited to, Arc of Katy Members, Arc of Katy Board of Directors, Day Program staff, and Day Program volunteers, should be reported in one hour by calling The Texas Department of Protective and Regulatory Services at **1-800-647-7418**.

Parent Involvement

Parent/Participant involvement is important to the success of Participant at the Day Program. Should you need to speak with a Day Program staff, please schedule an appointment. This will allow the Day Program to begin and end on time and give our maximum effort and attention to the Participants.

Indemnification

The parents/legal guardians/Participant acknowledge their agreement to indemnify The Arc of Katy, any Arc of Katy staff, any Arc of Katy officer or director, all Day Program staff and volunteers and all Summer Day Program staff and volunteers of any and all legal fees, courts costs, fees, expenses, interest and general costs or expenses associated with any legal actions arising out of Participant's involvement in The Arc of Katy Day Program or Summer Day Program.

Parent/Legal Guardian/Participant Acknowledgment

I, the undersigned parent/legal guardian/Participant, acknowledge that I have received and reviewed all the terms and conditions contained within this Arc of Katy Programs Manual. I furthermore acknowledge that as a parent/legal guardian, I have discussed the terms and conditions of this manual with Participant and I/we accept all the terms and conditions contained within this Arc of Katy Day Program Manual.

Parent/Legal Guardian

Date

Participant

FORMS

MEMBERSHIP APPLICATION FORM

THE ARC OF KATY

August 1, 2011 through July 31, 2012

CONTACT INFORMATION:

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work/Cell _____

Email Address _____

Name (Special Needs Individual) _____

Age Group (Circle One) 1-24 25-34 35-54 55-65 66+

Please check all that apply:

- _____ Self Advocate
- _____ Parent and/or Guardian
- _____ Other Family Member
- _____ Friend
- _____ Professional
- _____ Organization/Corporation

Annual dues are \$25.00 for individuals, families and others. Join or renew your membership with the Arc by sending your dues along with the completed form to: The Arc of Katy, P. O. Box 6133, Katy, Texas 77491.

If you would like to help us by becoming more involved, please check the areas you are interested in volunteering:

- _____ Day Activity Program
- _____ Monthly Dances
- _____ Barn Dance – October 2, 2011
- _____ Golf Tournament – October 24, 2011
- _____ Gala – February 24, 2012

WELCOME TO THE ARC FAMILY AND THANK YOU FOR YOUR SUPPORT!

New Member _____
Renewing Member _____

Check # _____
Received _____

**The Arc of Katy
ACTIVITY ENROLLMENT FORM**

I am applying for enrollment for _____ who is my family member/son/daughter (Participant) for the following activity:

(circle all that apply)

Social Activities (dances, bingo) Adult Day Activity Camp Summer Day Activity Camp

(Circle Requested Days of Attendance at Adult/Summer Day Camp)

Monday Tuesday Wednesday Thursday

General Information

Name of Participant: _____ Birthdate: _____

Participant's Address: _____

Mother's Name: _____ Mother's Phone Number: _____

Cell Number: _____

Mother's Address: _____

Mother's Email: _____ Mother's Work Number: _____

Father's Name: _____ Father's Phone Number: _____

Cell Number: _____

Father's Address (if different): _____

Father's Email: _____ Father's Work Number: _____

In Case of Emergency and a parent CANNOT be reached, please call:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Please list persons to whom Participant is to be released:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Health Information for _____ (Participant):

Are there any special medical issues the Participant currently has that would affect his/her participation in the activities of The Arc of Katy?

Yes _____ No _____

If yes, please circle any that apply:

Diabetes Epilepsy Asthma Hyperactivity

Explain any other problems: _____

Are there any restrictions on the activities that Participant should have?

Yes _____ No _____

Please explain: _____

Is Participant allergic to anything that might be encountered at an Arc of Katy activity?

Yes _____ No _____

Please explain: _____

Is Participant on any special medications or diet?

Yes _____ No _____

Please list or explain: _____

Is there any other medical information that would aid The Arc of Katy staff and Social Activity Sponsors? Please use back of page if necessary.

Yes _____ No _____

Please explain: _____

IDD Information: Are there any specifics on Participants IDD information that you can share with the Arc of Katy Day Program staff in order to best serve your Participant?

_____ Initials

Behavioral Information for _____ (Participant).

Does Participant have any unusual behaviors that would require The Arc of Katy staff or Social Activity Sponsors to acquire special training in order to appropriately handle?

Yes _____ No _____

Please explain: _____

Does Participant become easily upset, frustrated, or angry at certain situations?

Yes _____ No _____

Please explain: _____

Would Participant run away from a situation (e.g., leave the facility) to where The Arc of Katy staff or Social Activity Sponsors might have to chase them?

Yes _____ No _____

Please explain: _____

Would Participant become angry when provoked and then retaliate physically by attacking another Participant or The Arc of Katy staff or Social Activity Sponsors?

Yes _____ No _____

Please explain: _____

I/we understand that by signing below that I/we agree to these guidelines and know that enrollment and continued participation in The Arc of Katy activities is a committee and, ultimately, a Board of Directors' decision.

Parent/Legal Guardian

Date

Participant

Initials

**The Arc of Katy
CONSENT FOR PHOTO RELEASE**

I give permission for _____, who is my family member/son/daughter, to be photographed or filmed while participating in The Arc of Katy activities.

This may be shown, displayed or published in any form such as a PowerPoint presentation, magazine, newsletter, newspaper or brochure articles, The Arc of Katy website. Requests for any other use of photos will require an approval of the Day Program Committee.

Once this written authorization is given, I understand that I must notify The Arc of Katy, in writing at P.O. Box 6133, Katy, Texas 77491 if I wish to withdraw this approval.

Signature of Participant

Signature of Parent/Legal Guardian

Date

**The Arc of Katy
RELEASE OF LIABILITY**

I, the undersigned parent and/or legal guardian, hereby understand that my family member/son/daughter, will be participating in The Arc of Katy activities at his/her own risk. I further hereby release The Arc of Katy, YMCA of The Greater Houston Area, Katy Independent School District, any Arc of Katy Board Member or Social Activities Sponsors, The Arc of Katy, any contract employee of The Arc of Katy, or any volunteer helper, their agents, heirs, successors, assigns and/or representatives from any liability for any injuries to my family member/son/daughter and/or claim known or unknown, that may occur as a result of participating in the activities of The Arc of Katy.

I understand that in the event of an accident, the parent/legal guardian, the Participant or I will be responsible for ALL medical bills or other expenses incurred.

I understand that if I do not agree to these terms, my family member/son/daughter will NOT be allowed to participate in the activities of The Arc of Katy. This release shall be in effect until revoked in writing by me as parent and/or legal guardian or Participant and such written notice delivered to The Arc of Katy, P. O. Box 6133, Katy, Texas 77491.

Signature of Parent and/or Legal Guardian

Date

Signature of Participant

STATE OF TEXAS
COUNTY OF HARRIS

Before me, the undersigned, a Notary Public, in and for said County and State, on this ____ day of _____, 2011, personally appeared _____ personally known to me to be the person who executed within the foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the purposes therein set forth.

Notary Public
State of Texas
My commission Expires on: _____

The Arc of Katy
PERMISSION TO TRANSPORT AND RELEASE OF LIABILITY

_____ has my permission to be transported by The Arc of Katy staff and/or YMCA staff for activities arranged by The Arc of Katy to any commercial or public site. Additional releases per visit must be signed by parents for transportation to any other site.

I, the undersigned parent and/or legal guardian, hereby understand that my family member/son/daughter, will be participating in The Arc of Katy activities at his/her own risk. I further hereby release The Arc of Katy, YMCA of The Greater Houston Area, Katy Independent School District, any Arc of Katy Board Member or Social Activities Sponsors, The Arc of Katy, any contract employee of The Arc of Katy, or any volunteer helper, their agents, heirs, successors, assigns and/or representatives from any liability for any injuries to my family member/son/daughter and/or claim known or unknown, that may occur as a result of participating in the activities of The Arc of Katy.

I understand that in the event of an accident, the parent/legal guardian, the Participant, or I will be responsible for ALL medical bills or other expenses incurred.

I understand that if I do not agree to these terms, my family member/son/daughter will NOT be allowed to participate in the activities of The Arc of Katy. This permission and release shall be in effect until revoked in writing by me as such parent and/or legal guardian or Participant and such written notice delivered to The Arc of Katy, P. O. Box 6133, Katy, Texas 77491.

Signature of Parent and/or Legal Guardian

Date

Signature of Participant

STATE OF TEXAS
COUNTY OF HARRIS

Before me, the undersigned, a Notary Public, in and for said County and State, on this ____ day of _____, 2011, personally appeared _____ personally known to me to be the person who executed within the foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the purposes therein set forth.

Notary Public
State of Texas
My commission Expires on:_____