



# LEXINGTON

## *Parks & Recreation*

### Therapeutic Recreation Programs

Therapeutic Recreation (TR) programs provide opportunities for individuals with disabilities and others in the community to enjoy activities through recreation, leisure and play. Our programs are designed to enhance the overall health and wellness of persons with disabilities.

Due to the nature of our Therapeutic Recreation activities and the large number of individuals that participate, we are not able to provide one-on-one supervision. The TR staff will be present to facilitate activities and assist individuals as needed in programs such as art classes, dances and other large group activities. If one-on-one support is needed, then a parent/guardian or other caregiver should be present during the activity.

Parent/Guardians are responsible for participants before and after scheduled program times. Please do not drop off or leave participants unattended before or after the scheduled program time. Program staff will be available during the scheduled program time only. Please do not arrive more than 10 minutes early for programs, as staff are busy preparing for the programs.

#### **Registration**

Program registration will be filled on a first-come, first-served basis either by on-line registration or by the postmarked date on the registration envelope if delivered in person. The forms below are set up as a 'fillable PDF' allowing you to type in the information rather than write it in by hand. You may also return your forms by email at the addresses listed below.

Online registration for Fall will open on Tuesday, August 31<sup>st</sup> and will remain open as long as spots are available or classes begin. Please pay close attention to information added to each program listing as many programs are limited to a specific number of registrations. Please go to [www.lexingtonky.gov/tr](http://www.lexingtonky.gov/tr) for on-line registration. If you are not able to register online, please return this form and all fees to: **Therapeutic Recreation, Lexington Parks & Recreation, 545 N. Upper Street, 3<sup>rd</sup> Floor, Lexington, KY 40508.**

**We will make every attempt to make up missed classes due to inclement weather, however due to scheduling this may not be possible. Refunds or credits are not given for missed classes or programs.**

#### **Transportation**

Transportation to and from the TR programs/events is the responsibility of the participant. If a parent/guardian or other caregiver is unable to transport a participant to a program, we recommend contacting Wheels at 859-233-3433 to arrange transportation.

#### **Covid-19 Precautions**

We want to insure the safety of our program participants, staff and volunteers as we continue to experience changing positivity rates for the Covid-19 virus. Our efforts will include the following:

- Limited Capacity Classes
- Masks-Everyone over the age of 5 must wear a mask or facial covering at all times
- Hand Sanitizer-Everyone entering and exiting the program site will be asked to use hand sanitizer
- Social Distancing- All program sites will be set up to manage a social distance of 6 feet per participants.
- Cleaning-All high touch areas and equipment will be cleaned before and after all classes.
- Visit our website for a complete list of all our safety protocols at [www.lexingtonky.gov](http://www.lexingtonky.gov)

#### **For More Information please contact:**

Jill Farmer, CTRS

Recreation Manager Senior

Office Number: 859-288-2928

Email: [jfarmer2@lexingtonky.gov](mailto:jfarmer2@lexingtonky.gov)

Brent Claiborne

Recreation Specialist Senior

Office Number: 859-288-2908

Email: [bclaiborne@lexingtonky.gov](mailto:bclaiborne@lexingtonky.gov)

Be sure to visit the Parks website at [www.lexingtonky.gov/parks](http://www.lexingtonky.gov/parks) for the most up-to date information.

# Therapeutic Recreation Programs

## Participant Information Form

*In order to better meet you/your child's needs, please fill out the following information completely. These forms are a 'fillable PDF' allowing you to type in the information rather than write it in by hand. You may return your forms in person or by email.*

DATE COMPLETED: \_\_\_\_\_

Therapeutic Recreation Program (*PLEASE PRINT*)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Total Fees Enclosed: \_\_\_\_\_

Street Address: \_\_\_\_\_ Gender:  M  F

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Participant Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

Please list assistive equipment if used: \_\_\_\_\_

Medications: \_\_\_\_\_

Please list all disabilities/conditions \_\_\_\_\_

**Allergies**  Yes  No  Seasonal  Food  Drug  Other \_\_\_\_\_

Comments: \_\_\_\_\_

Does the individual use/wear any of the following devices?

Contact lenses  Orthopedic devices  Dentures  Glasses  Hearing aids

Other Please explain: \_\_\_\_\_

### Personal Care/Hygiene

Does the individual wear incontinence products? (I.e. diapers, pull ups or depends)

Yes  No

	Independent	Requires Assistance	If requires assistance, explain:
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using Toilet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating	<input type="checkbox"/>	<input type="checkbox"/>	_____

How does the individual indicate/communicate the need listed above? \_\_\_\_\_

### Mobility (please check all that apply)

Walks without Assistance  Manual Wheelchair  Power Wheelchair  Cane(s)  Crutches  Walker

AFO's/Braces When are they worn? \_\_\_\_\_

**Safety Considerations (please check all that apply)**

- Runner       Stays with group       Recognizes Danger       Does not Recognize Danger

Comment: \_\_\_\_\_

**Communication (please check all that apply)**

- Speaks fluently       Reads       Gestures/Leads/Guides       Non-verbal       Writes  
 Sign Language       Uses Words and/or phrases       Communication Board/Book

Comment: \_\_\_\_\_

**Personality/Behaviors (please check all that apply)**

- Active       Aggressive/Argumentative       Cautious       Cooperative       Depressed       Emotional  
 Excitable       Friendly       Inquisitive       Manipulative       Passive       Sensitive       Sociable  
 Stubborn       Tantrums       Withdrawn

Comment: \_\_\_\_\_

What behavior management technique works best for the individual?

- Positive Reinforcement       Time Out       Token system

**Social (please check all that apply)**

- Interacts well with peers       Interacts well with Adults       Prefers to be alone       Enjoys group outings  
 Initiates conversations/interactions       Prefers small groups       Prefers large group's       Tolerates loud noise levels  
 Does not tolerate loud noise levels

Comment: \_\_\_\_\_

**Swimming Experience (please check all that apply)**

- Cannot Swim       Limited Ability       Swims Independently       Fears Water       Enjoys Water  
 Wears life jacket       Must wear ear plugs in water       Deep Water Swimmer       Can go off the diving board  
 Other \_\_\_\_\_

Comment: \_\_\_\_\_

**Leisure/Recreation**

Please list activities the individual enjoys: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list activities the individual does **not** enjoy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Seizure Information (if applicable - please check all that apply)**

Pre-warning signs/behaviors – Aura (please explain) \_\_\_\_\_  
\_\_\_\_\_

Usual Duration \_\_\_\_\_ seconds      \_\_\_\_\_ minutes

Does 911 or emergency personnel need to be contacted?       Yes       No

Please explain: \_\_\_\_\_

Does Diastat need to be administered?       Yes       No

Please explain: \_\_\_\_\_

When do you wish to be notified?       Immediately       At time of pick-up       If/when 911 is called

**Seizure Information Continued (if applicable - please check all that apply)**

**Mental Status**

- Unchanged       Dreamlike       Vacant       Unconscious

Comments: \_\_\_\_\_

**Movement**

- Jerks whole body       Limp       Falls down       Head drop  
 Purposeful Movement       Rigid       Jackknives       Other

Comments: \_\_\_\_\_

**Color**

- Flushed       Pale       Bluish/Gray

**Eyes**

- Turns Right       Turns left       Rolls up       Pupils change size

**Mouth**

- Salivates       Chews       Swallows       Smacks lips  
 Cries       Talks       Yells       Moans

Comments: \_\_\_\_\_

**Breathing**

- Stops for \_\_\_\_\_ seconds       Becomes noisy       Other

Comments: \_\_\_\_\_

**Bowel/Bladder control**

- Urinates       Defecates

**Behavior after the seizure subsides**

- Irritable       Confused       Drowsy       Emotional  
 Deep Sleep       Normal       Other

Comments: \_\_\_\_\_

**Please share any additional information not covered above:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION MUST BE COMPLETED AND SIGNED FOR PARTICIPATION**

**MEDICAL CONSENT AGREEMENT AND RELEASE:** I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in or to grant any additional authorization for any surgical procedure. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Participant or Parent/Guardian (if minor child): \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER AND RELEASE AGREEMENT:**

(1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s).

(2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation.

(3) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

(4) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators.

(5) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted 7 business days prior to the start of the activity, except in special circumstances such as medical reasons.

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Participant or Parent/Guardian (if minor child) \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATION OF MEDICATION RELEASE**

My child \_\_\_\_\_ **will/will not** (circle one) require that medication be given to him/her during the program/activity. I hereby give my permission to the Therapeutic Recreation Program Staff to administer this medication. I likewise release the staff from any liability related to the administration of the medication to my child so long as the responsibility is discharged according to the following instructions.

Name of Medication
Amount of dose
Time to be given
# of pills, spoonfuls, etc.
What is Medication being given for

The information requested above should be clearly marked on the bottle or box you receive from your drug store or doctor. If this information changes prior to or during the program session it is the parents' responsibility to notify Therapeutic Recreation Program staff. We will be unable to administer any medication that is not in its original prescription bottle or box. Furthermore, we will only administer the medications as directed on the original prescription bottle or box.

Please explain for what condition the medication is given and any special instructions, such as how the medication is given (e.g. with milk, water, applesauce, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In Person/ Phone Review: \_\_\_\_\_ Date: \_\_\_\_\_

**DIVISION OF PARKS AND RECREATION  
THERAPEUTIC RECREATION PROGRAMS  
INDIVIDUAL REGISTRATION FORM**

Due to the nature of our Therapeutic Recreation activities and the large number of individuals that participate, we are not able to provide one-on-one supervision. The TR staff will be present to facilitate activities and assist individuals as needed in programs such as art classes, dances and other large group activities. If one-on-one support is needed, then a parent/guardian or other caregiver should be present during the activity.

Parent/Guardians or other caregivers are responsible for participants before and after scheduled program times. Please do not drop off or leave participants unattended before or after the scheduled program time. Program staff will be available during the scheduled program time only. Please do not arrive more than 10 minutes early for programs, as staff are busy preparing for the programs.

**Registration**

On-line registration for Fall 2021 will open on Tuesday, August 31<sup>st</sup> and will remain open as long as spots are available or classes begin. Please pay close attention to information added to each program listing as many programs are limited to a specific number of registrations. Please go to [www.lexingtonky.gov/tr](http://www.lexingtonky.gov/tr) to register.

If you are not able to register online, please return this form and all fees to: **Therapeutic Recreation, Lexington Parks & Recreation, 545 N. Upper Street, 3<sup>rd</sup> Floor, Lexington, KY 40508.**

ALL fees should be paid at the time of your on-line registration or should be sent with this registration form. Make your check or money order payable to the Division of Parks and Recreation. If payment of fees presents a hardship, please contact the Therapeutic Recreation Office at (859) 288-2908. Limited scholarships are available. This form is not a confirmation of class registration. *Remember - Classes and programs fill up quickly. Please register on-line or mail in your registration form as soon as possible.*

**We will make every attempt to make up missed classes due to inclement weather, however due to scheduling this may not be possible. Refunds or credits are not given for missed classes or programs.**

**Transportation**

Transportation to and from the TR programs/events is the responsibility of the participant. If a parent/guardian or other caregiver is unable to transport a participant to a program, we recommend contacting Wheels at 859-233-3433 to arrange transportation.

**DIVISION OF PARKS AND RECREATION  
THERAPEUTIC RECREATION PROGRAMS  
INDIVIDUAL REGISTRATION FORM**

***Please place a check mark by each class or program for which you are registering below. These forms are a 'fillable PDF' allowing you to type in the information rather than write it in by hand. You may also return your forms in person or by email.***

**Participant's Name:** \_\_\_\_\_

**IN-PERSON PROGRAMS**

**KIDS CONNECTION**

Enjoy a night out while the kids have fun, make friends, and connect with one another. Dinner and drinks provided.

*Limited to 10 children per date. **Program will be canceled if less than four children register.***

Date: Friday, Sep. 17, Oct 15, Nov. 12 & Dec. 10.

Time: 6-8pm

Ages: 5 –10

Location: Tates Creek Recreation Center, 1400 Gainesway Dr.

Cost: \$15 per child per date

**FALL DAY TRIP EXCURSION TO EVANS ORCHARD**

Join us for a fun fall day at Evans Orchard. We will tour the farm, learn about apples and bees and enjoy lunch in their picnic area. *Limited to 20 people*

Date: Friday, October 8

Time: 10am-3pm

Location: Evans Orchard

Ages: 18 & Over

Cost: Bring your own lunch or money for the onsite café options.

**FALL DANCE/COSTUME PARTY**

Enjoy an evening of dancing, snacks, costumes and door prizes. Must RSVP to attend.

Date: Saturday, October 23

Time: 6 - 9pm

Location: Tates Creek Recreation Center

Address: 1400 Gainesway Dr.

Ages: 13 & Over

Cost: \$10 per person, payable at door.

**CHURCHILL DOWNS FALL MEET**

Date: Thursday, November 11 *Limited to 20 people*

Time: 9am-6pm

Location: Meet at Dunbar Community Center

Address: 545 North Upper St. Lexington,

Ages: 18 & Over

Cost: \$5.00 for General Admission. Bring money for food, drinks and misc.



Participant's Name: \_\_\_\_\_

**HOLIDAY DINNER DANCE**

Enjoy an evening of dinner, dancing, and door prizes. Must RSVP to attend.

Date: Saturday, Dec. 11

Time: 5 – 9pm

Location: Tates Creek Recreation Center, 1400 Gainesway Drive

Ages: 13 & over

Cost: \$15 per person, payable at door.

**ADULT FITNESS**

Stay healthy and active through a variety of fitness activities and sports. NOTE: *Transportation to and from the TR programs/events is the responsibility of the participant. Contact Wheels at 859-233-3433 to arrange transportation.*

*\*Limited to 25 people*

Dates: Tuesdays/Thursdays, September 7 – December 9

**No class: Nov. 4 and 25**

Time: 12:30-2:30pm

Location: Dunbar Community Center, 545 North Upper Street

Ages: 18 & Over

Cost: \$125/\$100 with scholarship

*\*September 14-October 19 - We plan to participate in the Miracle League Baseball Program at Shillito Park if it is offered. There will be an additional charge of \$10.00 for the payable to the YMCA.*

**ART CLASS**

Have fun with us as we create and complete different art projects. *Limited to 20 people*

Dates: Fridays, September 10-October 29

**No class: October 8**

Time: 1:00-2:00pm

Location: Tates Creek Recreation Center, 1400 Gainesway Drive

Ages: 14 and over

Cost: \$25/\$15 with scholarship

**BOWLING**

Strikes, turkeys and spares are just part of the fun with the TR bowling league. Ramps are available. Dates:

Saturdays, September 11-October 30

Time: 1:00-3:00pm

Location: Southland Bowling Lanes, 205 Southland Drive

Ages: 4 years and over

Cost: \$25 registration fee, \$8 cash per week to bowling alley.

**SOCIAL ARTWORKING**

A canvas painting program using expressive arts. Participants recreate art from a template using their own interpretation and medium.

Dates: September 18 and October 16

Time: 11:00am-12:00pm

Location: TBA

Ages: 18 and over

Cost: \$10 per class per date

**Participant's Name:** \_\_\_\_\_

**ARCHERY**

Learn basic and safe archery skills. Equipment provided. *Limited to 12 people*

Dates: Wednesdays, September 29-November 17

Time: 10 -11:30 a.m.

Location: Artworks at the Carver School, 522 Patterson St.

Ages: 18 & over

Cost: \$70/\$60 with scholarship

**DRAMA GROUP**

Martha Meehan will instruct this creatively dramatic program. Explore and show case your creative talents.

Dates: Wednesdays, October 6-November 17

Time: 6 - 7:30pm

Location: Lexington Senior Center, 195 Life Lane

Ages: 13 & over

Cost: \$50/\$40 with scholarship

**ADAPTED AQUATICS (Pending-Program has not been confirmed)**

Basic water skills/safety will be introduced. One-on-one instruction will be provided for most participants. The YMCA requires that participants wear swim diapers/ plastic pants (snug fitting), if the participant does not possess bowel or bladder control. *Limited to 15 people.*

No online registration for this class

Dates: TBA

Times: TBA

Location: TBA

Ages: 4 & Over

Cost: TBA

**ZOOM Programming**

We are happy to continue to provide select programs through a virtual format using Zoom. Please use the meeting and pass codes provided below to connect with us.

**Story Time**

Join us as we continue to explore the various books and the adventures they provide.

Dates: Monday-Friday on Specific Days\*, September 1 through December 10

**\*No program on Sept. 7, 14, 21, 28, 29, Oct. 5, 6, 8, 12, 13, 19, 20, 27, Nov. 3, 10, 17, 24, 25, 26**

Time: 10:00-11:00am

Cost: FREE

Zoom Meeting Code: 792 754 5495

Zoom Passcode: TRzoom

**Cooking Together**

Join us on Zoom along with guest chefs to cook a delicious meal or dessert together. We will share easy to follow recipes for the group.

Day: Mondays, Sept. 13 & 27, Oct. 4 & 18, Nov. 1 & 15 and Dec. 6

Time: 11:00-12:00pm

Cost: FREE

Zoom Meeting Code: 792 754 5495

Zoom Passcode: TRzoom

**Bingo**

Bingo is a fun and interactive Zoom program featuring a different theme each week. Certificates provided to game winners.

Dates: Thursday, September through December

*No Bingo on November 4 and 25*

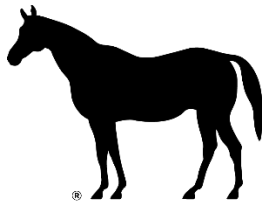
Time: 3:30-4:30pm

Ages: 13 & over

Cost: FREE

Zoom Meeting Code: 792 754 5495

Zoom Passcode: TRzoom



**LEXINGTON**  
*Parks & Recreation*