



LEXINGTON

Parks & Recreation

GENERAL INFORMATION

Our Mission

Build community and enrich life through parks, programs and play.

Our Values

Community

Stewardship

Inclusion

Collaboration

Innovation

About Therapeutic Recreation

Therapeutic Recreation is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being. Further, the Lexington Parks and Recreation Therapeutic Recreation (TR) programs provide a community based treatment service designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.

Registration Online and in-person registration will open on Wednesday, February 21, 2024 at 10:00am. Registration for TR Summer Camps is available electronically and can be completed by going to <https://www.lexingtonky.gov/summer-camps> on February 21, 2024. **Summer camp registrations will be filled on a first-come, first-served basis.** If you are not able to complete your registration electronically, please complete and return the attached forms to *Therapeutic Recreation, Attention Jill Farmer or Brent Claiborne, Lexington Parks & Recreation, 545 N. Upper Street, 3rd floor, Lexington, KY 40508.* **Please do not send any camp registration fees until you have received an email confirmation from us that you are registered.**

Count Me In! Financial Assistance Applications Beginning January 1, 2024, Lexington Parks & Recreation is rolling out a new price structure for programs, camps, and events, including a more equitable financial assistance program titled **"Count Me In."** Any paid program, camp, or event will now be eligible for a **50% financial assistance discount for youth and adults in qualifying households.** Any extenuating circumstances that may still present barriers after the discount will be reviewed by staff on a case-by-case basis for additional assistance to ensure that programs and events are equitably accessible to all. To qualify, parents/guardians must complete the form below and provide proof of eligibility. KTAP, medical assistance cards, documentation of foster care, or other proof of government assistance is acceptable as proof of eligibility. Please click on the link below to access the form:

[2015 Income Eligibility Form pg 2 \(lexingtonky.gov\)](#)

Submit your completed financial assistance form to Parks & Recreation, 545 North Upper St., 3rd Floor, Lexington, KY 40508.

Families must apply/reapply for financial assistance every year. Appeals for denial of financial assistance or requests for additional financial assistance should be made in writing to Parks & Recreation, Director, 469 Parkway Dr., Lexington, KY 40504. For questions, contact Phyllis Arnold at [\(859\) 288-2900](tel:8592882900).

LEXINGTON PARKS AND RECREATION PROGRAM UPDATES. Please refer to our social media sites **Facebook**, <https://www.facebook.com/lexkyparks> or **Instagram** at <https://www.instagram.com/lexkyparks> for the most up to date announcements regarding programs. Please sign up for the Parks and Recreation Newsletter for important announcements and to receive monthly program highlights at <http://lexingtonky.us12.list-manage.com/subscribe?u=7977c78231be32556c15c09f7&id=96ddbd86fe>.

Camper Supervision: Due to the active nature of our Therapeutic Recreation Summer Fun Camps and the large number of individuals that participate, the ratio of staff to campers will be 4:1. We are not able to provide direct one-on-one supervision for campers. Staff can and will assist with facilitating a camper's participation in activities and assist individuals as needed with lunch and self-care activities such as toileting, changing clothing for the pool and clean up. If one-on-one support is needed for your camper, please plan to provide that support during camp hours. Those individuals providing the one-on-one support for your camper will be expected to participate in the camp activities with the individual for which they are providing support including swimming in the pool and attending field trips.

Drop Off and Pick up of Campers Parents/guardians/caregivers/support staff are responsible for campers before and after scheduled camp times. Please do not drop off or leave campers unattended before or after the scheduled pick up and drop off times. Program staff will be available during the scheduled program time only. Please do not arrive more than 10 minutes early for camp, as staff are busy preparing for the day.

Behavior Management Plans: If a camper in your household is currently working with a Behavior Specialist, please include a copy of their behavior management plan with your registration paperwork. If at any time there is a change or an update to their behavior plan, please inform the TR Staff (Jill Farmer and Brent Claiborne) immediately so we can be prepared to incorporate these changes into our programming. It is our goal to help all campers be successful in their program goals and if this information is not shared in a timely manner, it can be detrimental to our programming.

Illness: In consideration of other campers, their families and staff, campers are asked to refrain from attending camp when the following conditions exist:

- | | |
|---|--|
| Fever, Vomiting or Persistent diarrhea | Runny nose with yellow or green discharge |
| Contagious rash or a rash of unknown origin | Symptoms of the mumps, measles, chicken pox, strep throat, Covid, flu, impetigo or any other virus |
| Persistent cough and/or cold symptoms | Lice or mites present |
| "Pink eye" (conjunctivitis) or discharge from the eye | Fatigue due to illness, which will hinder participation or enjoyment in the program |

Please notify the TR office at 859-288-2908 or 859-288-2928 if the camper contracts any contagious illness that will affect their attendance at a program. Campers should return to program at the doctor's recommendation or, if not under a doctor's care, when the symptoms have clearly passed.

Transportation Transportation to and from the TR programs/events is the responsibility of the camper and their family. Please contact Wheels at 859-233-3433 or other accessible transportation provider to arrange transportation.

Inclusive Camp Opportunities Lexington Parks and Recreation seeks to provide the Least Restrictive Environment (LRE) for all individuals who participate in our programs. A Least Restrictive Environment (LRE) requires a child with a disability to be included as much as possible in settings with children who do not have disabilities. As long as a camper meets the age requirements, accommodations can be provided for campers to attend other camps of their choice. For assistance in determining the best camp placement for your child, please contact Therapeutic Recreation for more information at 859-288-2928.

For more information about TR Programs, please contact

Jill Farmer, CTRS
Recreation Manager Senior
Office Number: 859-288-2928
Email: jfarmer2@lexingtonky.gov

Brent Claiborne
Recreation Specialist Senior
Office Number: 859-288-2908
Email: bclaiborne@lexingtonky.gov

Lexington Parks and Recreation
Summer 2024
Therapeutic Recreation Programs
Camper Information Form

Please fill out the following information completely. **(PLEASE PRINT)**

Camper's Name (Legal Last) _____ (Legal First) _____ (Preferred) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Primary Phone Number _____ Email _____

Gender _____ Age _____ Birthdate _____ Ethnicity _____

Diagnosis/Disability: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Primary (Legal Last) _____ (Legal First) _____ (Guardian Type) _____

Address (if different than above) _____ City _____ State _____ Zip _____

Primary Contact Method _____ Home _____ Cell _____ Work _____ Email _____

Home Number _____ Cell Number _____ Work Number _____

Parent/Guardian Secondary (Legal Last) _____ (Legal First) _____ (Guardian Type) _____

Address (if different than above) _____ City _____ State _____ Zip _____

Primary Contact Method _____ Home _____ Cell _____ Work _____ Email _____

Home Number _____ Cell Number _____ Work Number _____

EMERGENCY CONTACT INFORMATION:

NAME OF AUTHORIZED INDIVIDUALS FOR PICKUP

PRIMARY PHONE NUMBER(S)

CAMPER INFORMATION

What are the activities does your Camper prefer? _____

What activities does the Camper not prefer? How does the camper react? What is the most effective way for staff/caregivers to respond? _____

Camper's Name: _____

What are effective transition techniques for the Camper (timers, countdowns)? _____

SENSORY: What kind of sensory experience does the Camper **seek or avoid**-sound, touch, visual, taste, smell, movement?

Seeks (please list): _____

Avoids (please list): _____

COMMUNICATION:

Is English the Camper's primary language? Yes No If no, please list primary language: _____

How does Camper communicate? Verbal Sign language Picture board Tablet /IPad

Other Communication Device or Ability (Please list): _____

Is the Camper capable of giving staff instruction regarding food requests, personal care information, etc.? Yes No

If no, please give describe how the Camper will communicate this information: _____

ASSISTIVE DEVICES (check all that apply) Wheelchair (see below) Braces Walker Canes Glasses Hearing Aids

Augmentative Communication Device Other: _____

Wheelchair Type Manual Power Scooter

If using a wheelchair, is the camper able to transfer on their own? Yes No **IF NO, HOW DOES CAMPER TRANSFER:**

(check all that apply) Independent (No assist needed) Stand-by supervision (May have potential for loss of balance)

Transfer with one person (Minimal assist) Camper can bear weight (Transfer with one person) Maximum assist (Camper cannot bear weight) Transfer with two people needed

Equipment needed for transfer: _____

Special instructions regarding transfers and how much time Camper should be out of the wheelchair? _____

Does the Camper wear braces (AFOS, SMOS, etc.?) Describe how/when to put on/take off: _____

Can the Camper walk independently or do they need assistance? Please describe assistance needed: _____

BEHAVIOR (PLEASE PROVIDE A COPY OF THE CAMPER'S BEHAVIOR MANAGEMENT PLAN): Check all that apply:

Will wander or leave group Will ask for assistance when needed Has behavior plan (please include with this application) Will take others belongings or food Easily distracted/difficulty focusing Runs away/flight risk

Recognizes Danger Unable to communicate needs Anxiety when separated from family

Has specific triggers (list below) Has specific fears/concerns (list below) Exhibits self-injurious behaviors (list below) Physically/verbally aggressive (explain below) Other (list below)

Additional information regarding behavior: _____

SWIMMING EXPERIENCE: Has basic swimming skills (can go under, get face wet, float on back, etc.)

Limited/no swimming skills (not comfortable in water, avoids getting face and head wet, does not go under water).

Additional Swimming Information: _____

Camper's Name: _____

MEDICATION INFORMATION

NAME OF MEDICATION _____

DESCRIPTION _____

DOSAGE _____

TIME GIVEN _____

REFRIGERATION NEEDED _____ YES _____ NO

DISPENSING INSTRUCTIONS _____

SIDE EFFECTS _____

NAME OF MEDICATION _____

DESCRIPTION _____

DOSAGE _____

TIME GIVEN _____

REFRIGERATION NEEDED _____ YES _____ NO

DISPENSING INSTRUCTIONS _____

SIDE EFFECTS _____

NAME OF MEDICATION _____

DESCRIPTION _____

DOSAGE _____

TIME GIVEN _____

REFRIGERATION NEEDED _____ YES _____ NO

DISPENSING INSTRUCTIONS _____

SIDE EFFECTS _____

ALLERGIES: (Please list below any intolerance and reaction based allergies-please be specific): _____

ADDITIONAL INFORMATION NOT COVERED ABOVE: _____

Camper's Name: _____

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 seven 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: _____

2024 SUMMER CAMP PROGRAM REGISTRATION FORM Please check the camp weeks you are interested in attending. Please note that this is not a guarantee of enrollment in those weeks but is only a way to let us know which weeks you would like your child to attend. Once you have registered, you will receive an email confirming the weeks you are registered for camp. **Please do not send any camp registration fees until you have received an email confirmation from us that you are registered.** Please return the following to the Therapeutic Recreation Office when registering for Summer Camp:

- Completed Camper Information Form
- Emergency Contact Information
- Current Behavior Plan
- Medication List
- Allergy List
- Medical Consent Signature
- Photo Release Signature
- Current Photo of Camper **(NEW!)**

Camper's Name: _____

Camp Castlewood Therapeutic Recreation day camp specifically designed for children who have a physical, mental or other disability. Activities include swimming, crafts, field trips, games, and more. Located at Castlewood Park. **This camp serves children ages 5-11 by the first day of camp (June 10, 2024). \$150.00 per week/\$75.00 per week with **Count Me In!****

Financial Assistance

- _____ June 10-14
- _____ June 17-21 *No Camp June 19 (Juneteenth Holiday)*
- _____ June 24-28
- _____ July 1-5 *No Camp July 4*
- _____ July 8-12
- _____ July 15-19

Camp Woodland Therapeutic Recreation day camp specifically designed for teens who have a physical, mental or other disability. Activities include swimming, crafts, field trips, games, and more. Located at Woodland Park. **This camp serves teens ages 12-19 by the first day of camp (June 10, 2024).). \$150.00 per week/\$75.00 per week with **Count Me In! Financial****

Assistance

- _____ June 10-14
- _____ June 17-21 *No Camp June 19 (Juneteenth Holiday)*
- _____ June 24-28
- _____ July 1-5 *No Camp July 4*
- _____ July 8-12
- _____ July 15-19

Daytrippers Summer Camp Therapeutic Recreation day camp designed summer camp for adults who have a physical, mental or other disability. Activities include swimming, crafts, field trips, games, and more. Located at the Dunbar Community Center, 545 N. Upper Street. **This camp serves adults 20 years and older by the first day of camp (June 10, 2024).). \$150.00 per week/\$75.00 per week with **Count Me In! Financial Assistance****

Assistance

- _____ June 10-14
- _____ June 17-21 *No Camp June 19 (Juneteenth Holiday)*
- _____ June 24-28
- _____ July 1-5 *No Camp July 4*
- _____ July 8-12
- _____ July 15-19