

**YMCA of Orange County- New Horizons**  
13821 Newport Ave, Suite 200, Tustin, CA 92780  
Phone: (714) 508-7635, Fax (714) 508-7607 [newhorizons@ymcaoc.org](mailto:newhorizons@ymcaoc.org)  
[www.ymcaoc.org/nh](http://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) |
|--------------------------------------|--------------------------------|
|                                      |                                |
|                                      |                                |
|                                      |                                |
| <b>Other/Additional Information:</b> |                                |
|                                      |                                |

**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                                |               |                 |                 |
| <b>Comments:</b>                                  |               |                 |                 |
|   |               |                 |                 |

### 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 \_\_\_\_\_ . He/She  
Participant Name

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)

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

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

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

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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 inquires. 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: \_\_\_\_\_

**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  
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND  
INDEMNITY AGREEMENT**

Adult Member/Participant Name \_\_\_\_\_  
(Please Print)

Child Member/Participant Name \_\_\_\_\_  
(if applicable) (Please Print)

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA of Orange County (the “YMCA”) and/or for my children listed above to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as “the undersigned”) hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that there is widespread, ongoing transmission of novel coronavirus (“COVID-19”) worldwide, including throughout Orange County and Los Angeles County, California. In accordance with the most recent (as of the revision date set forth above) orders and recommended guidance and protocols issued by various governmental and public health agencies, including without limitation the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the Orange County Health Care Agency (OCHCA), the Los Angeles County Department of Public Health, and, with respect to the YMCA’s child care facilities, services and programs, the California Department of Social Services (Community Care Licensing Division), for slowing the transmission of COVID-19 (collectively, “COVID-19 Risk Mitigation Guidance”), the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement COVID-19 Risk Mitigation Guidance for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above, enhanced cleaning and disinfecting protocols, and physical distancing measures. The COVID-19 pandemic is a challenging and fluid situation, and COVID-19 Risk Mitigation Guidance may change frequently. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated COVID-19 Risk Mitigation Guidance and further agrees to comply with the YMCA’s revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social and physical

distancing of 6 feet per person among participants (including children, caregivers and staff) is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FACILITIES OR PROGRAMS FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: **"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that the YMCA is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

The undersigned agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, of Releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. The undersigned acknowledges that any

illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waives any claim in respect thereof.

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

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

**I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.**

\_\_\_\_\_  
Print and Sign Parent/Care Provider/Conservator

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Emergency Contact Name

Emergency Contact Number

**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 14).
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 15).
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.

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Participant Signature

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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.

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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.

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Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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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 <b>8 hours</b> before the event start time  |
| 8-12 hour Saturday event | \$55, plus the cost of any pre-purchased tickets         | Less than <b>72 hours</b> before the event start time |
| 28+ hour weeklong event  | \$300, plus the cost of any pre-purchased tickets/ Hotel | Less than <b>14 days</b> before the event start time  |
| Flying Trips             | <b>**Please ask Staff**</b>                              |   |

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.

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**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.

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Participant Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Care Provider Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

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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:

- Waiver of Liability
- Events Waiver/Policy
- Overnight Waiver/Policy
- Photo/Video Release: YES NO
- Sunscreen: YES NO
- Conserved: YES NO
- IPP
- Cellphone Policy
- Cancellation Policy
- Disqualification

\_\_\_\_\_  
Staff Signature and Date

ATTACH PHOTO HERE