THERAPEUTIC RECREATION PROGRAMS 2019
Easterseals Western and Central Pennsylvania
eastersealswcpenna.org

PRESENTED IN PART BY HERSHEY
THANK YOU  TO OUR RECREATION PROGRAM SPONSORS:

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Pequea Water Ski Club
Utz Quality Foods
Baltimore Life
Law Office of Christopher Ferro
Harrisburg Firefighters
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Sageworth Trust Company (Arlene Utz Hollinger Foundation)
Thomas L. Cline Foundation
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Damian Salvi
Mack Madness Inc.
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Ambassador Foundation
Glatfelter Insurance Group
Jan Kevern Memorial Golf Tournament
Donald B. and Dorothy L. Stabler Foundation
Fort Indiantown Gap Youth Summer Day Camp
EASTERSEALS WESTERN AND CENTRAL PENNSYLVANIA

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EASTERSEALS LOCATIONS

Corporate Office
Six Parkway Center, Suite 150, 875 Greentree Road, Pittsburgh, PA 15220
Phone: 412-281-7244

383 Rolling Ridge Dr. State College, PA 16801
888-372-7280 (toll-free)

2550 Kingston Rd. Suite 219, York, PA 17402
Phone: 717-741-3891 / Fax: 717-741-5359

WE WOULD LOVE FOR YOU TO JOIN US!

CHECK US OUT ON FACEBOOK AT
www.facebook.com/eastersealswcpa
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WELCOME

We are proud to announce that 2019 marks the 100-year anniversary for Easterseals! We will continue to provide quality programs such as ACES and Splash It Up Aquatics, not to mention one-of-a-kind programs such as the P.K. Filling Adapted Water Sports clinic in August! **NEW** for 2019 is an After School Program and SaturDay camps.

With day camps in four counties, and three seasons of residential camp opportunities, it remains an honor and privilege to serve both children and adults with disabilities, as well as military children.

Whether it is at a community-based program or at camp, we look forward to having you join us in activities where you can learn, have fun, and make new friends!

Matt Ernst; CTRS
Vice President, Programs & Business Development, Central Region
mernst@eastersealswcpenna.org

OUR PURPOSE

*Easterseals is changing the way the world defines and views disability by making profound, positive differences in people’s lives every day.*
2019 CAMPS

RESIDENTIAL CAMPS

Club Lily
Ages: 18-101
Location: Camp Victory
April 12-14
May 10-12 (held at Camp Joy-El)
June 2-6
August 18-22
October 11-13
November 15-17

Project Beacon
Ages: 5-17
Location: Camp Victory
April 5-7
October 18-20

Camp Amp
Ages: 7-17
Location: Camp Joy-El
August 4-8

DAY CAMPS (Individuals w/ Disabilities Ages 5-25)

York County
Monday - Friday
8:30AM - 3:30PM
Church of the Open Door (West York Location)
July 1 - August 16
(OFF July 4 & the week of July 15)

Cumberland County
Monday - Friday
9:00AM - 3:00PM
Lower Allen Township Community Park
June 24 - July 5 (OFF July 4)
Baughman Memorial United Methodist Church
July 8-12
(OFF weeks of July 15 and July 22)
July 29 - August 16

Adams County
Monday - Friday
9:00AM - 3:00PM
Under the Horizon
June 17-28

If interested in more information on the above residential camps, please call Allie Scott at 717-741-3891 or e-mail her at ascott@eastersealswcpenna.org.

For information regarding day camps, please contact Virginia Anderson at vanderson@eastersealswcpenna.org. Details are also available in our 2019 Easterseals camp booklet.

State College Day Camp
Monday-Friday
8:30AM-3:30PM
State College Child Development Center
July 8-August 16

Please contact Gretchen Confer for more information on the State College Day Camp at gconfer@eastersealswcpenna.org.

State College Day Camp
Monday-Friday
8:30AM-3:30PM
State College Child Development Center
July 8-August 16
Easterseals Recreational Horseback Riding is a six-week program providing children and adults with special needs the opportunity to enjoy horses while riding and learning new skills. As the weeks progress, riders will become more comfortable, sit higher in their saddle, participate in activities, and learn to control their horses through reins work and other activities. Volunteers and staff work with riders to make recreational riding both fun and therapeutic. Benefits include improved self esteem, enhanced balance, improvement in both fine and gross motor skills and increased strength.

A doctor’s note is required for participation in this program. There is a weight limit of 225 pounds for all riders.
Strike up new friendships while having fun! Proper bowling techniques will be taught along with an explanation of rules and scoring. Participants will improve hand-eye coordination, socialization, and range of motion. Adaptive ramps and other modifications are available for those with special needs.

<table>
<thead>
<tr>
<th>Location</th>
<th>Schedule</th>
<th>Sessions</th>
<th>Cost: $125.00 per 10 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC West (Mechanicsburg)</td>
<td>Friday Evenings April 5 - June 14, July 5 - September 6, September 27 - December 6 (OFF November 29)</td>
<td>5:30 PM – 7:00 PM</td>
<td>Includes 2 games, shoes, pizza or hot dog, chips and a drink.</td>
</tr>
<tr>
<td>(Cumberland County)</td>
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</tr>
<tr>
<td>ABC East (Dauphin County)</td>
<td>Thursday Evenings April 4 - June 6, July 11 - September 12</td>
<td>5:00 PM – 6:30 PM</td>
<td>Includes 2 games, shoes, pizza or hot dog, chips and a drink.</td>
</tr>
<tr>
<td>Cost: $125.00 per 10 weeks</td>
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<tr>
<td>Laser Alleys (York County)</td>
<td>Thursday Evenings April 25 - June 27, July 18 - September 19, October 3 - January 9, 2020 (OFF 10/24, 10/31, 11/14, 11/28 and 12/26)</td>
<td>6:00 PM – 7:30 PM</td>
<td></td>
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</tbody>
</table>
Nothing says fun and excitement like swimming! Our “SPLASH IT UP” AQUATICS program has been designed to accommodate the need and abilities of each individual participant with a disability or special needs. Lessons will be conducted with a 1:1 or 1:2 instructor to participant ratio. In addition to teaching water safety skills and swimming techniques, this program seeks to enhance the development of physical fitness and appropriate social interaction skills. Please Note: Participants will be placed into time slots and notified of the schedule after the registration deadline.

<table>
<thead>
<tr>
<th>Location</th>
<th>Sessions</th>
<th>Cost: $120.00 per eight weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>York YMCA (York County)</td>
<td>Thursday Evenings&lt;br&gt;March 28 - May 16&lt;br&gt;June 13 - August 8 (OFF 7/4)&lt;br&gt;September 5 - October 24&lt;br&gt;November 7 - January 9 (OFF 11/28 and 12/26)</td>
<td>5:45 PM – 6:15 PM&lt;br&gt;6:15 PM – 6:45 PM&lt;br&gt;6:45 PM – 7:15 PM</td>
</tr>
<tr>
<td>East Shore YMCA (Dauphin County)</td>
<td>Wednesday Evenings&lt;br&gt;May 22 - July 10&lt;br&gt;July 31 - September 18&lt;br&gt;October 9 - December 4 (OFF 11/27)</td>
<td>5:30 PM – 6:00 PM&lt;br&gt;6:00 PM – 6:30 PM&lt;br&gt;6:30 PM – 7:00 PM</td>
</tr>
<tr>
<td>The Carlisle Family YMCA (Cumberland County)</td>
<td>Thursday Evenings&lt;br&gt;April 4 - May 23&lt;br&gt;June 13 - August 8 (OFF 7/4)&lt;br&gt;September 5 - October 24&lt;br&gt;November 7 - January 9, 2020 (OFF 11/28 and 12/26)</td>
<td>5:00 PM – 5:30 PM&lt;br&gt;5:30 PM – 6:00 PM&lt;br&gt;6:00 PM – 6:30 PM</td>
</tr>
</tbody>
</table>
Come enjoy freedom on the water! This program has been recognized by the Pennsylvania Therapeutic Recreation Society for excellence in programming. Whether you are 6 or 60, you can be sure that this program will give you a thrill. Take advantage of this unique opportunity! Whether it is tubing, adaptive skiing, stand up skiing, a ride on the jet skis, or kayaking, we will have an activity for individuals of all abilities, including those with mobility impairments.

A doctor's note is required for participation in this program.

Lake Aldred on the Susquehanna River (York and Lancaster Counties)

Saturday and Sunday, August 3-4, 2019

Time slots will be assigned after your registration is received.

Deadline: July 26, 2019

Cost: Free for returning participants. If this is your first time the price is $35.00 for 1 waterskiing lesson and $50.00 for 2 waterskiing lessons. Kayaking: $30.00 per lesson for both new and returning participants.
ACES - ACHIEVING COMMUNITY EXPERIENCES & SKILLS

Our ACES program is for individuals age 14 + with high functioning autism. The goal is to provide opportunities for participants to socialize, engage in community activities, and have fun. Sessions are ten weeks long and involve a wide range of recreation activities including bowling, teambuilding activities, arts and crafts, movies, science experiments, seasonal celebrations, and so much more.

<table>
<thead>
<tr>
<th>ACES - Social Group</th>
<th>Monday Evenings</th>
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<tbody>
<tr>
<td>Ages 14+</td>
<td>Spring Session: April 1 - June 10 (OFF 5/27)</td>
</tr>
<tr>
<td>(York County)</td>
<td>Summer Session: July 1 - September 9 (OFF 9/2)</td>
</tr>
<tr>
<td>Cost: $150.00 per</td>
<td>Fall Session: September 30 - December 2</td>
</tr>
<tr>
<td>10-week session</td>
<td>Time and locations will vary.</td>
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<td></td>
<td>A schedule of locations and activities will be sent closer to the start.</td>
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</tbody>
</table>
This program has been designed specifically for individuals with disabilities between the ages of 5 and 18 as well as those over 18 that are still in school up to the age of 21. It will take place for six Sundays, beginning April 14th. The program will be held at Penn Oaks Park. Rain dates will be added on to the end of the six-week session. The basic skills of baseball will be covered through fun drills and baseball games.

**Location:**
Penn Oaks Park (York, PA)

**Ages:** 5-18

**Dates:** Sundays
April 14, April 28, May 5, May 12, May 19, June 2

**Time:**
2:00 – 3:30 PM

**Cost:** $50.00 per six-week session
AFTER SCHOOL PROGRAM

Easterseals Western and Central PA and Under the Horizon are pleased to be partnering together to offer an after-school program for individuals ages 8-21 with disabilities in Adams County. The program will operate on Tuesdays and Thursdays from January—May 2019, and then again from September – December 2019.

This program is designed to be both fun and educational. There are 16 spots available so please be sure to register early. You must register by the month, and please note that all registrations are due by the 15th of the month prior to the month that you are signing up for. Individuals needing 1:1 behavioral support as well as those with a fragile medical condition will be required to have a non-parental support person over the age of 18 at the program. This could include a home nurse, TSS, etc... Easterseals provides an overall minimum staff to camper ratio of 1:4.

Location:  Under the Horizon (Pottery and Arts Studio)

Ages:  8-21

Dates:  Tuesdays and Thursdays
        January - May and September 17 - December 19 (OFF 11/26 and 11/28)

Time:  3:00 PM – 6:00 PM

Cost:  $5 per night through the end of May (you must sign up for an entire month at a time). For the new school year (Fall 2019 – Spring 2020), the fee will be $7.50 per night.
Our SaturDay Camp is an extension of our summer day camp program. It is specifically designed for individuals with disabilities. There will be six, one-day camps throughout the fall and winter. Each day of camp will operate from 9-4. It is intended to be both fun and educational for all who participate. It is also intended to provide caregivers an extended period of time on a weekend once a month to freely engage in activities of their choosing. The SaturDay camps will be held at various locations and will have themes for each session that will engage campers of all levels in activities such as arts and crafts, group games, sensory activities, snack time, STEM activities, and there will be special guests.

20 registrations will be accepted for each session. Please be sure to register early to guarantee your spot. Please note that campers are expected to be able to follow verbal cues and directions. Campers needing 1:1 behavioral support as well as those that may have a fragile medical condition will be required to have a non-parental support person, over the age of 18, at each day of camp. Easterseals provides an overall staff to camper ratio of 1:3/1:4.

For more information or to register for this program, please e-mail Ginny Anderson at vanderson@eastersealswcpenna.org

<table>
<thead>
<tr>
<th>Locations:</th>
<th>Varied</th>
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<tbody>
<tr>
<td>Ages:</td>
<td>5-25</td>
</tr>
<tr>
<td>Dates:</td>
<td>October 2019 - Location TBD</td>
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<tr>
<td></td>
<td>November 30, 2019 - Under the Horizon (Adams County)</td>
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<td></td>
<td>December 2019 - Location TBD</td>
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<td></td>
<td>January 2020 - Location TBD</td>
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<td></td>
<td>February 2020 - Location TBD</td>
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<tr>
<td></td>
<td>March 7, 2020 - Under the Horizon (Adams County)</td>
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<tr>
<td>Time:</td>
<td>9:00 AM – 4:00 PM</td>
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<tr>
<td>Cost:</td>
<td>$75 per day</td>
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</table>
HOW TO REGISTER:

1. Complete Participant Information Form. Please be sure to sign and date it. (Registrants only need to complete one per calendar year).

2. Complete Registration Form.

3. Contact your physician for a doctor's note if required by the program (adapted water sports, adapted snow sports, and horseback riding). The note simply needs to state that the registrant is physically cleared to participate in stated activity. Multiple activities can be listed on one note.

4. Send completed forms/Dr. note to Virginia Anderson via:
   - E-mail: vanderson@eastersealswcpenna.org
   - Fax: 717-741-5359
   - Standard Mail: 2550 Kingston Rd., Suite 219, York, PA 17402

PAYMENT:

1. Send checks via standard mail to address listed above.

2. If there is a third party payer that we must bill, please provide all of the requested information listed on the registration form.

3. If you wish to pay by credit card, please call the office at 717-741-3891.
<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>SELF-PAY</th>
<th>BILL</th>
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<tbody>
<tr>
<td><strong>Recreational Horseback Riding:</strong></td>
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<tr>
<td>Star Stables – April 2 – May 7 ($240.00)</td>
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<tr>
<td>Star Stables – May 21 – June 25 ($240.00)</td>
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<tr>
<td>Star Stables – July 9 – August 13 ($240.00)</td>
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<tr>
<td>Star Stables – September 10 – October 15 ($240.00)</td>
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<tr>
<td><strong>Bowling:</strong></td>
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<tr>
<td>ABC West – April 5 – June 14 ($125.00)</td>
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<tr>
<td>ABC West – July 5 – September 6 ($125.00)</td>
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<tr>
<td>ABC West – September 27 – December 6 (OFF 11/29) ($125.00)</td>
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<td>ABC East – April 4 – June 6 ($125.00)</td>
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<td>ABC East – July 11 – September 12 ($125.00)</td>
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<tr>
<td>ABC East – (Tentative) October 3 – December 19 (OFF 10/31 and 11/28) ($125.00)</td>
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<tr>
<td>Laser Alleys – April 25 – June 27 ($125.00)</td>
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<tr>
<td>Laser Alleys – July 18 – September 19 ($125.00)</td>
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<tr>
<td>Laser Alleys – October 3 – January 9 (OFF 10/24, 10/31, 11/14, 11/28, 12/26) ($125.00)</td>
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<tr>
<td><strong>“Splash It Up” Aquatics:</strong></td>
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<tr>
<td>York YMCA – March 28 – May 16 ($120.00)</td>
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<td>York YMCA – June 13 – August 8 (OFF 7/4) ($120.00)</td>
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<tr>
<td>York YMCA – September 5 – October 24 ($120.00)</td>
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<tr>
<td>York YMCA – November 7 – January 9 (OFF 11/28 and 12/26) ($120.00)</td>
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<tr>
<td>East Shore YMCA – May 22 – July 10 ($120.00)</td>
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<td>East Shore YMCA – July 31 – September 18 ($120.00)</td>
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<tr>
<td>East Shore YMCA – October 9 – December 4 (OFF 11/27) ($120.00)</td>
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<tr>
<td>Carlisle YMCA – April 4 – May 23 ($120.00)</td>
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<tr>
<td>Carlisle YMCA – June 13 – August 8 (OFF 7/4) ($120.00)</td>
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<tr>
<td>Carlisle YMCA – September 5 – October 24 ($120.00)</td>
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<td>Carlisle YMCA – November 7 – January 9 (OFF 11/28 and 12/26) ($120.00)</td>
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<tr>
<td><strong>P.K. Filing Adapted Water Sports:</strong></td>
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<td>Lake Aldred – Aug 3 &amp; 4 – Saturday ___ Sunday ___</td>
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<tr>
<td>Waterskiing – Sit Down and Tubing Lessons ___</td>
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<tr>
<td>Stand Up Lessons ___ Returning Participant (FREE) ___ New Participant ($35 for 1 lesson / $50 for 2 lessons) ___</td>
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<td></td>
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<tr>
<td>Kayaking ___ Returning Participant ($30) ___ New Participant ($30) ___</td>
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<tr>
<td><strong>ACES Achieving Community Experiences &amp; Skills:</strong></td>
<td></td>
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<tr>
<td>Spring Session – April 1 – June 10 (OFF 5/27) ($150.00)</td>
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<tr>
<td>Summer Session – July 1 – September 9 (OFF 9/2) ($150.00)</td>
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<tr>
<td>Fall Session – September 30 – December 2 ($150.00)</td>
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<tr>
<td><strong>Challenger Baseball:</strong></td>
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<tr>
<td>Penn Oaks Park – 4/14, 4/28, 5/5, 5/12, 5/19, 6/2 ($50.00)</td>
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</tbody>
</table>

**TOTAL OWED:**
PLEASE COMPLETE THE INFORMATION BELOW:

If there is a third party payer, we ask that you verify with a case manager or the payer source that the funds are available. If you attend the program and you do not have sufficient funds you will be personally responsible for the program fees.

How are the program fees to be paid?

_____ Self/Parent/Guardian

_____ Check _____ Cash or Money Order _____ Credit Card *(please call the office)*

_____ Waiver Funds (please complete information below)

_____ Family Driven Funds (please complete information below)

_____ Other (please complete information below)

Please fill out the information below if another agency is paying:

Organization: _____________________________________________________________

Contact Name: ___________________________________________________________

Phone: ___________________________________________________________________

Email: ___________________________________________________________________

Address: __________________________________________________________________

__________________________________________________________________________

How much of the program fee will the organization be paying?

$___________________
Please complete this form and return to Easterseals Western and Central Pennsylvania via standard mail or fax: **Address:** 2550 Kingston Rd., Suite 219, York, PA 17402. **Fax:** 717-741-5359

Name ______________________________ Birth Date ______ / ______ / ______  Age ______  Race _____________

Address ___________________________ City __________________________ State ________ Zip _______________

County _______________Township _______________________ Male _____ Female _____ Race _____________

Home Phone or TTY (_____)__________ ____________ Cell Phone (____) ____________________________ ____

Participant Height__________ Weight_________ _E- mail  ________________________________________________

Parent/Guardian Name________________________________________

Address ______________________________ City _______________________State_______  Zip _________________

Home Phone or TTY (____) ________________ ______  Cell Phone (_____) ____________________________ ___

Emergency Contact (other than parent)_______________________________________________________________

Relationship to Participant ______________________________ Home Phone/TTY ________________________

Cell Phone (____) ____________________________ Primary Disability _________________________________

Secondary Disability ___________________________________ School/Agency _____________________________

Allergies _______________________________________________________________________________________

Medications ______________________________________________________________________________________

Major accidents or injuries in past years that could affect activity: _______________________________________

____________________________________________________________________________________________________

Does the participant need assistance with eating, toileting and/or dressing? Please explain, attach sheets as needed: _______________________________________________________________

Does the participant have problems with communicating, behavior management, etc?  YES      NO

Please describe and attach any current behavior management plans being used. _______________________________________________________

____________________________________________________________________________________________________

Is participant subject to seizures?     YES      NO

(If yes, what type, frequency, duration, after care/rest needed)

____________________________________________________________________________________________________

Does the participant use a wheelchair? YES      NO                  If YES, Manual _____  Electric ______

Does participant have Down Syndrome? YES      NO

If yes, have x-rays of the vertebrae been taken? YES   NO

If YES, is participant clear of Atlantoaxial Dislocation Condition?   YES       NO  

Please attach copy of medical exam, if yes.  If no, please contact the Director of Therapeutic Recreation.

Has the participant or his/her parent/guardian served in the military (active duty, national guard, reserves, veteran)?   YES         NO

Is the participant/parent/guardian a veteran?   YES         NO
Participant Waiver

Easterseals Western and Central Pennsylvania is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. Easterseals continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for programs must recognize that there is inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered any illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activities. Not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities exist. In this regard, it must be recognized that it is impossible for Easterseals Western and Central PA to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services, when provided). When registering by fax, it is understood that the facsimile registration document (including the waiver and release of all claims) shall substitute for and have the same legal effect as the original form.

Permission to Treat

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Easterseals Western and Central Pennsylvania to secure and administer treatment, including, but not limited to x-rays, hospitalization and surgical interventions. I also give permission to Easterseals Western and Central Pennsylvania to obtain related transportation.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program against Easterseals Western and Central Pennsylvania, including its officials, agents, volunteers and employees (hereinafter collectively referred as “Easterseals Western and Central Pennsylvania”).

I do hereby fully release and forever discharge Easterseals Western and Central Pennsylvania from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associate with this program.

Photos/Video Authorization and Consent

I hereby authorize and give my consent to Easterseals Western and Central Pennsylvania to photograph/video me or my child/ward, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of Easterseals Western and Central Pennsylvania without consideration of any kind. I understand that photos and/or video usage could include, among other outlets, Easterseals Western and Central Pennsylvania’s website, Facebook, and/or other social media outlets.

Personal Information Authorization Consent

I further authorize Easterseals Western and Central Pennsylvania to release personal contact information to other parents/participants when deemed appropriate including names, addresses and phone numbers. I have read and fully understand the above important information, warning and assumption of risk, waiver and release of all claims and photo/video and personal information authorization and consent and agree to all terms and conditions as set forth above.

Date: __________________ Participant’s Name: ________________________________________________________

Signature: ______________________________________________________________________________________

(If under 18, parent/guardian signature)

Please Print Name: _______________________________________________________________________________

Relationship to Participant: _______________________________________________________________________

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