

Mayor Jay Tibshraeny and the Chandler City Council
THE CITIES OF CHANDLER AND MESA PRESENT



Holiday **California** Vacation

NOV. 29-DEC. 2, 2017

This trip is for individuals ages 18 and over with developmental disabilities. The group will travel to California via a chartered air-conditioned bus.

This year's trip includes transportation, Wednesday & Thursday night hotel, breakfast on Thursday & Friday morning, admission to Disneyland and California Adventure and **a great time!** Participants will need to bring money for lunch and dinner on Wednesday, Thursday and Friday, and additional spending money.

You must be a participant who regularly participates with the City of Chandler Therapeutic or City of Mesa Adaptive Recreation programs to attend this trip. There are 20 spaces for Chandler program participants and 20 for Mesa. Once the 40 slots are filled, a waiting list will be kept for possible vacancies or a second bus.

The Holiday California Vacation is made available to participants at a discounted rate this year through the generous donation of \$5000 from **Arizona Disabled Sports** and the **You look Marvelous Fashion Show**.

DON'T WAIT UNTIL THE DEADLINE; SIGN UP TODAY!

Participants must be capable of handling their self-help needs (such as showering, dressing, toileting and eating). Due to the nature of the trip and the limited number of available chaperones, all participants **must be able to transfer into the bus safely** and, if applicable, have a folding or collapsible wheelchair.

Final acceptance on this trip is left to the discretion of the program coordinators. You will receive a receipt confirmation by email when you are accepted.

For more information, please call:

Collette Prather, CTRS
City of Chandler
480-782-2709

Jacque Gallo
City of Mesa
480-644-4948



• AGENDA •

DEPARTURE: November 29 at 8 a.m.

Check-in at 7 a.m.

RETURN: December 2 at 7 a.m.

Departure/Return location:

Chandler Senior Center, 202 E. Boston St.

COST: \$475 per person

RALLY NIGHT: Thurs., Nov. 16 at 6:30 p.m. at

Chandler Senior Center, 202 E. Boston St.

**ALL PARTICIPANTS MUST ATTEND RALLY
NIGHT IN ORDER TO ATTEND THE TRIP.**

PAYMENT OPTIONS

OPTION ONE: Full Payment \$475

OPTION TWO: First payment \$250

Second payment \$225 (Due Nov. 13)

Please return the registration forms, money and the hold harmless agreement by **Nov. 13, 2017**.

Please make checks payable to: "AZDS"
and mail all **registration material and money** to:

City of Chandler
Attn: California Vacation
MS 501, PO Box 4008
Chandler, AZ 85224

chandleraz.gov/therapeutic
mesaaz.gov/parksrec/adaptive



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CALIFORNIA VACATION 2017

REGISTRATION FORM

Chandler Participant

Mesa Participant

Participant: _____ Date of birth: _____ T-shirt size: _____

Address: _____ City/State: _____ Zip: _____

Parent/Guardian: _____ Parent's e-mail: _____

Phone (day): _____ (evening): _____

Alternate person to contact in an emergency: _____

Relationship to participant: _____ Phone number: _____

Who to contact if for any reason, we should return early:

First contact person: _____ Phone Number: _____

INSURANCE INFORMATION

Insurance company: _____ Policy number: _____

Policy holder: _____

Relationship to participant: _____

PLEASE TAKE THE TIME TO FILL OUT THIS SECTION THOROUGHLY

GENERAL PARTICIPANT INFORMATION

Behaviors:

Does the participant have any specific behaviors that staff needs to be aware of during the trip? No Yes

If yes, please describe: _____

Diet:

Are there any foods the participant is not allowed to eat? No Yes

If yes, please describe: _____

Female only:

Will the female participant be on her menstrual cycle? No Yes

If participant will be in her menstrual cycle, staff will only be able to give reminders.

Likes/Dislikes:

Please describe the level of interest (1=less likely to participate, 5= most likely to participate)

Rides/Roller Coasters (ex. Space Mountain, Indiana Jones)

1 2 3 4 5

Slower Rides (ex. Winnie the Pooh, Peter Pan)

1 2 3 4 5

Shows/Parades (ex. Aladdin, Main Street Electrical Parade)

1 2 3 4 5

Shopping

1 2 3 4 5



Participant: _____

Life Skills:

Please mark any assistance participant may need with the following (if any):

Eating/Ordering Dressing Money handling

Other: _____

Can participant identify their own belongings? No Yes

MEDICAL INFORMATION

Participant physician: _____ Phone: _____

Health History:

Does participant have a history of frequent problems with any of the following?

Nose bleeds Constipation Asthma Frequent urination Ear infections

Allergies Sore throat Sinus problems Hypertension Dizziness

Fainting Stomach discomfort

Other: _____

Is participant on medication? No Yes (If yes, please list below)

NAME OF MEDICATION	DOSAGE	TIME ADMINISTERED	PRESCRIBING PHYSICIAN

For medication that needs to be administered daily please bring medication in daily dosage envelopes provided on rally night.

Does participant have seizures? No Yes

If yes, please explain the type and frequency: _____

Warning signs/symptoms: _____

In the event of a seizure, what steps should be taken?: _____

Does participant have any allergies? No Yes

If yes, please list: _____

Miscellaneous:

Is there any other information you can provide that would be helpful for us to know about the participant? _____

Please continue to next page.



Participant: _____

CALIFORNIA VACATION 2017

Over-the-Counter Medication Release Form

I give permission to administer the following over-the-counter medications as prescribed on the bottle.

Please check each one that applies:

- | | |
|--|---|
| <input type="checkbox"/> Tylenol tablets or generic equivalent | <input type="checkbox"/> Benadryl Oral |
| <input type="checkbox"/> Tylenol liquid (Extra Strength/Adult) | <input type="checkbox"/> Cough drops |
| <input type="checkbox"/> Ibuprofen/Motrin | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Advil | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pepto Bismol Chewables or Liquid | <input type="checkbox"/> All of the above as listed on the label |

Additional Comments: _____

HOLD HARMLESS AGREEMENT

This is my permission for _____ to participate in the City of Chandler and City of Mesa Therapeutic Recreation – California Vacation 2017. I hereby, for myself, my heirs, executors, administrators, and assigns, assume all risk and waive any and all claims for injuries and release the City of Chandler and the City of Mesa and their agents or assigns, from any and all injuries suffered by said person which may arise of or in connection with participation in these recreation programs. I authorize the City of Chandler and the City of Mesa staff to secure medical treatment, if necessary in the event of an emergency, and to dispense medication if required.

I also grant permission to the Recreation Division of Chandler or Recreation Division of Mesa to use the likeness, voice, words of the above in TV, newspaper, film/video, or other media, for the purpose of promoting the City of Chandler or City of Mesa Therapeutic Recreation Programs

I hereby, for myself, my heirs, executors, administrators, and assigns, assume all risk and waive any and all claims for damages caused to my personal electronic devices and release the City of Chandler and the City of Mesa, their agents or assigns, from responsibility for any and all damages caused to personal electronic devices carried on the California Vacation 2017 Trip.

Parent/Legal Guardian's Signature or Participant (if over 18)

Date

***Please return the registration forms and the hold harmless agreement by
November 13, 2017
Thank you!***



CALIFORNIA VACATION 2017

PAYMENT SLIP - PLEASE RETURN THIS SLIP WITH PAYMENT FULL PAYMENT/FIRST PAYMENT

Participant: _____ Chandler Participant Mesa Participant

Payment Options:

Cash Check Credit Card (For credit card information please contact me at: _____)

- Attached you will find my **full payment of \$475**
 Attached you will find my **first payment of \$250** (My second payment of \$225 will be submitted by November 13, 2017)

Please make checks payable to **Arizona Disabled Sports (AZDS)** and mail registration and payment to:

City of Chandler
Attn: California Vacation
MS 501, PO Box 4008
Chandler, AZ 85224



CALIFORNIA VACATION 2017

PAYMENT SLIP - PLEASE RETURN THIS SLIP WITH PAYMENT SECOND PAYMENT

Participant: _____ Chandler Participant Mesa Participant

Payment Options:

Cash Check Credit Card (For credit card information please contact me at: _____)

- Attached you will find my **final payment of \$225** (due by November 13, 2017)

Please make checks payable to **Arizona Disabled Sports (AZDS)** and mail registration and payment to:

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