

# HOLIDAY

# CALIFORNIA VACATION

Dec. 4-7, 2019



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 by charter bus
- Breakfast on Thursday & Friday mornings
- 2 night hotel stay at Homewood Suites Anaheim
- 2 day, 1 park admission to Disneyland and California Adventure
- Dinner at Goofy's kitchen with characters (donated by AZDS)

### Participants will need to bring:

- Money for Wednesday-Friday lunches and Thursday-Friday dinners (approximately \$125)
- Spending money (optional)

### Participants will need to:

- Be able to take care of all self help needs
- Stay with the group at all times (with minimal prompts)
- Function in a 1:4 ratio
- Due to the nature of this trip, all participants must be able to transfer into the bus safely . This is also a very fast paced trip with lots of walking.

Don't wait until the deadline; sign up **TODAY!**

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.

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:

**City of Chandler**  
**Collette Prather, CTRS**  
 480-782-2709  
**Logann Wiemers**  
 480-782-2742

**City of Mesa**  
**Jacque Gallo**  
 480-644-4948  
**Josh Underwood**  
 480-644-5777



## Agenda

**DEPARTURE:** Dec. 4 at 8 a.m.  
Check-in at 7 a.m.

**RETURN:** Dec. 7 at 7 a.m.

**DEPARTURE/RETURN LOCATION:**  
Chandler Senior Center  
202 E. Boston St.

**COST:** \$480 per person

**RALLY NIGHT:** Tues., Nov. 26 at 6:30 p.m.  
at Chandler Senior Center.

**All participants must attend rally night in order to attend the trip.**

## Payment Options

- OPTION ONE:** Full Payment \$480
- OPTION TWO:** First payment \$250  
Second payment \$230  
(Due Nov. 15)

Please return the registration forms, money and the hold harmless agreement by **Nov. 15, 2019.**

**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 85244



# CALIFORNIA VACATION 2019 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

### 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 )

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

1      2      3      4      5

1      2      3      4      5

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

Shopping

1      2      3      4      5

1      2      3      4      5

Characters

1      2      3      4      5

### Bedtime/Sleep Patterns:

Will the participant be comfortable in a room with peers and a staff member in a room close by?  No  Yes

### Self Help Skills:

Please mark any assistance participant may need (if any):

Eating/Ordering

Dressing

Brushing teeth

Money handling

Other: \_\_\_\_\_

### Female only:

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

How much assistance will she require?  None  Reminders

*Note: Recreation staff are only able to provide minimal assistance with all self help needs.*

*Please continue to next page.*

Participant: \_\_\_\_\_

**Diet:**  
Are there any foods the participant is not allowed to eat?  No  Yes  
If yes, please describe: \_\_\_\_\_

Should the participant be limited in the amount he/she eats?  No  Yes  
If yes, please describe: \_\_\_\_\_

**MEDICAL INFORMATION**

Participant physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health History:**  
Does participant have a history of frequent problems with any of the following?  
 Constipation     Asthma     Frequent urination     Allergies     Sore throat  
 Sinus problems     Hypertension     Dizziness/Fainting     Stomach discomfort     Heart issues  
 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: \_\_\_\_\_

*Please continue to next page.*



Participant: \_\_\_\_\_

# CALIFORNIA VACATION 2019

## 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"/> Calamine lotion                                |
| <input type="checkbox"/> Tylenol liquid (Adult Extra Strength)              | <input type="checkbox"/> Benadryl Lotion                                |
| <input type="checkbox"/> Ibuprofen / Motrin                                 | <input type="checkbox"/> Benadryl Tablets                               |
| <input type="checkbox"/> Advil  | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Pepto Bismol – dosage on bottle varies for problem | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Tums   | <input type="checkbox"/> <b>All of the above as listed on the label</b> |
| <input type="checkbox"/> Cough drops  |   |

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 2019. 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 2019 Trip.

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

\_\_\_\_\_  
Date

**Please return the registration forms and the hold harmless agreement by Nov. 15, 2019**



# CALIFORNIA VACATION 2019

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 use, please call 480-835-MASD)

- 
- Attached you will find my **full payment of \$480**  
 Attached you will find my **first payment of \$250** (*My second payment of \$230 will be submitted by Nov. 15, 2019*)

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 85244**



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# CALIFORNIA VACATION 2019

Payment slip - Please return this slip with payment  
**SECOND PAYMENT**

Participant: \_\_\_\_\_  Chandler Participant  Mesa Participant

**Payment Options:**

**Cash**    **Check**    **Credit Card** (For credit card use, please call 480-835-MASD)

- 
- Attached you will find my **final payment of \$230** (*due by Nov. 15, 2019*)

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

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Attn: California Vacation  
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