City of Santa Clara Parks & Recreation
THERAPEUTIC RECREATION SERVICES

SantaClaraCA.gov/ParksandRec

Winter 2020

Youth, Teen and Adult Recreation

Participants enjoy games, crafts and team building activities.
Participants must be able to function in program ratios and be independent with personal care needs, or bring an attendant.

Adult Social Club
Ages 18+ (7:1 Ratio)
Tuesdays 6 p.m. - 8 p.m.
Senior Center
1/21-2/18 Code: 18741
3/10-4/7 Code: 18742
Res $63 / Non-res $78

Capabilities
Ages 18+ (4:1 Ratio)
Wednesdays 5:30 p.m. - 7:30 p.m.
Senior Center
1/22-2/19 Code: 18743
3/11-4/8 Code: 18744
Res $63 / Non-res $78

Social-Lites
Ages 18+ (12:1 Ratio)
Fridays 6 p.m. - 9 p.m.
Senior Center/Community
1/24-2/21 Code: 18755
3/13-4/3 Code: 18756
Res $56 / Non-res $69

Children's Recreation
Ages 4 to 12 (3:1 Ratio)
Saturdays 9:30 a.m. - 11:30 a.m.
Community Recreation Center
1/25-2/8 Code: 18757
Res $50 / Non-res $62
3/14-4/4 Code: 18758
Res $67 / Non-res $83

Teen Club
Ages 13 to 19 (6:1 Ratio)
Saturdays 12 p.m. - 2 p.m.
Community Recreation Center
1/25-2/8 Code: 18759
Res $41 / Non-res $51
3/14-4/4 Code: 18760
Res $54 / Non-res $67

Therapeutic Recreation Services serves the recreational and social needs of individuals who have disabilities in Santa Clara County. We offer programs such as aquatics, dance, fitness, and social clubs. Meaningful and purposeful activities are planned to develop and enhance social skills, communication, personal growth, and focus on one's abilities rather than disabilities.

New Participant? Contact the TRS Coordinator to set up an intake. For more information, visit SantaClaraCA.Gov/Therapeutic-Recreation-Services

TRS Contact
Email: trscustomerservice@santaclaraca.gov
TRS Office: (408) 615-3169

Senior Center
1303 Fremont St., Santa Clara
Front Office: 408-615-3170

Community Recreation Center
969 Kiely Blvd., Santa Clara
Front Office: 408-615-3140

City of Santa Clara
The Center of What's Possible

Special Interest Classes

TRS Flex Fitness

Ages 16+ (10:1 Ratio)
Senior Center
Tuesdays 11 a.m. - 11:45 a.m.
1/14-2/11 Code: 18753
2/25-3/24 Code: 18754
Res $50 / Non-res $62

Getting Fit

Ages 13+ (6:1 Ratio)
Senior Center
Wednesdays 6:15 p.m. - 7:10 p.m.
1/22-2/19 Code: 18745
3/11-4/8 Code: 18746
Wednesdays 7:15 p.m. - 8:15 p.m.
1/22-2/19 Code: 18747
3/11-4/8 Code: 18748
Res $52 / Non-res $65

Gotta Dance I

Ages 13+ (6:1 Ratio)
Senior Center
Wednesdays 6:15 p.m. - 7:10 p.m.
1/22-2/19 Code: 18749
3/11-4/8 Code: 18750
Res $52 / Non-res $65

Gotta Dance II

Ages 13+ (6:1 Ratio)
Senior Center
Wednesdays 7:15 p.m. - 8:10 p.m.
1/22-2/19 Code: 18751
3/11-4/8 Code: 18752
Res $52 / Non-res $65

Winter 2020 Registration

Residents /Non-Resident
Walk-in Registration begins
December 12th

Mail in/In Person
Therapeutic Recreation Services
1303 Fremont St.
Santa Clara, CA 95050

Online at
https://apm.activecommunities.com/santaclara/Home

Upcoming Event

Cooperative Dance

Ages 16+ 7 p.m. - 9:30 p.m.
February 21: City of Santa Clara, Senior Center
$7.00 at the door / $3.00 Photo

Thank you, Thank you, Thank you...

to all the TRS staff, Senior Center Staff, volunteers, parents, community organizations and most of all, the participants. Each one of you had a tremendous impact in our programs. We had many great meaningful stories throughout this past year of how being part of the TRS programs has developed their personal growth and sense of worth. Your hard work , perseverance, and your dedication will never be overlooked.

Save the date! Our TRS Summer Camp 2019 was a huge success. Get ready to have some fun with some new activities and recreational sports July 20—24. Check out our website for any new programs and events.

COMMUNITY EVENTS THIS WINTER:

Now—January 20
Santa Clara Ice
At Central Park
Open Skate Sessions
SantaCla-raOnIce.com

January 14
Open Garden Tour
from 2:30-4:00 p.m.
Community Garden
2380 Monroe Ave.

February 21
Cooperative Dance
For individuals with disabilities
Santa Clara Senior Center

TRS REGISTRATION FORM

Payment by check or money order should be made payable to the City of Santa Clara.
All payments must be received before the start of programs (see below for credit card payments).
Please return or mail advance registration to: Therapeutic Recreation Services, c/o Santa Clara Senior Center, 1303 Fremont St., Santa Clara, CA 95050

Please complete all sections. Please sign all areas. If you would like your receipt mailed to you, please enclose a business size, self-addressed, stamped envelope. Un-mailed receipts are distributed during program/class.

Participant's Name _____ Home Phone Number _____

Date of Birth _____ Age _____ Gender M ☐ F ☐ E-mail Address: _____

Address _____ City _____ Zip_____

☐ RESIDENT– live in Santa Clara or attends Santa Clara Unified School District
☐ Check here if this is a new address or phone number ☐ Check here if you are new to our programs
☐ Check here if you will be taking Outreach to TRS programs. Outreach Identification Number:_____

School/Place of Employment _____

Parent or main contact name _____ Cell Phone Number _____

Emergency Name (other than residence) _____ Phone Number _____

Relationship to Participant _____

Participant's Name	Program	Course Number	Fee
		Total Fees:	

METHOD OF PAYMENT

☐ Cash ☐ Check ☐ Paid on Line ☐ Balance on Account ☐ Credit Card*

***If you prefer to pay by credit card you will be contacted by staff when payment is due.**

PARTICIPANT INFORMATION

Participant, Parent or Guardian **please complete the information on the back of this page thoroughly**. Information shared is utilized by Therapeutic Recreation Services Staff to assess and provide the best accommodations possible based on the participant's individual needs. **ALL INFORMATION WILL REMAIN CONFIDENTIAL.**

Please contact Therapeutic Recreation Services at (408) 615-3169 if you have any questions or concerns.

Turn over and complete other side

Clearly print information below

Participant's Medical Diagnosis (i.e. intellectual disability, autism, anxiety disorder etc.)_____

_____

History of Seizures ☐ Yes ☐ No Date of Last Seizure _____

Special Needs/Restrictions (i.e. special diets, allergies, medical conditions, physical activity limitations, etc.)

_____

_____

List all medication participant is currently taking _____

_____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of the acceptance by the City of the application for entry into the classes or activities listed on the Registration Form on the reverse side of this Agreement and entry to and use of any facilities or equipment as part of these classes or activities, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release Agreement is intended to discharge in advance the City of Santa Clara, its City Council, officers, agents, and employees, the Santa Clara Unified School District, its School Board, officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities and entry to and use of any facilities or equipment, even though that liability may arise out of NEGLIGENCE or CARELESSNESS, on the part of the persons or entities mentioned above.

I HAVE READ THE DESCRIPTION IN THIS CATALOG OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED, AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS, MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE OR ASSIGNS.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE and ASSIGNS and is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully READ this Agreement and fully understand its content. All participants registered in classes or activities, including minors 13-17 years of age, must sign this Agreement.

PARTICIPANTS, AGE 13 and up, SIGN BELOW

Signature: _____ Print Name: _____ Date: _____

TO BE COMPLETED BY PARTICIPANT, PARENT OR GUARDIAN (OF DEPENDENT or MINOR PARTICIPANTS)

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

I certify that I have custody or am the legal guardian of said minor/dependent participant and that I and/or my minor/dependent child are physically able to participate in recreation activities. In the event I or said minor/dependent requires medical treatment while under the supervision of City staff and/or agents, I authorize said staff to provide and/or authorize medical treatment. I expect City staff to contact me immediately in the event emergency medical treatment is required for said minor/dependent, but this contact is not necessary to administer emergency aid. I will pay for all medical treatment which I or said minor/dependent may require. I understand the City may include pictures and/or video of me and/or said minor/dependent during department activities for brochures or other publicity. I understand I will not receive any compensation for use of such pictures or video.

I give my consent to the Santa Clara Parks and Recreation Department to photograph said registered participant(s). Check one:

☐ **Yes** ☐ **No**

Signature of participant or parent /guardian: _____ Date: _____

Print participant or parent/guardian name: _____

Please indicate whether you are signing as: ☐ Participant ☐ Parent ☐ Guardian