

The Arc of Fort Bend County
2025 Adult Social Recreation/Bowling Registration

1. Member's Name: _____

2. Address: _____

3. Phone Number: _____

4. E-mail Address: _____

5. Date of Birth: _____

6. Emergency Contact (Name): _____

Relationship to member: _____

Address: _____

Emergency Contact Phone Number: _____

7. Service Provider (Agency Name): _____

8. Person providing transportation and supervision during activities: _____

9. I am interested in: Bowling _____ Social Rec _____ Both _____

Signature

Date

In order for the Social Recreation and Bowling Programs to better serve the needs of the members, please answer the following questions:

1. List all drug allergies: _____

2. List all food allergies: _____

3. List all other allergies: _____

4. Are you on a special diet? _____

5. Do you need accessible wheelchair seating? **Yes** **No**

6. Do you have trouble walking long distances? **Yes** **No**

Please explain: _____

7. Are there any other special needs or behaviors that we need to be aware of?

8. What is your disability? _____

9. Are you your own guardian? **Yes** **No**

If you are not your own guardian, please fill out the guardian information below. If the information is the same as the emergency contact, you may put same as emergency contact.

Guardian Name: _____

Address: _____

Phone number: _____ **Relationship to member:** _____

2025 Data for Program Eligibility

Please print or type all information:

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____

Group Home Apartment Own Home Foster Home

Annual Income of Individual _____

Ethnicity	Male	Female
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>

Race	Male	Female
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Other Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>

What is your disability?

Intellectual Disability Spina Bifida Cerebral Palsy
 Down Syndrome Autism Asperger's Syndrome
 Other

Please provide the following information and return it with Eligibility forms:

- 1. Copy of personal identification with picture.**
- 2. Documentation of address if current address is not on picture ID.**
- 3. Copy of the 2025 Social Security Award letter.**
- 4. Copy of Determination of Intellectual Disability (DID) or Determination of Mental Retardation (DMR).**

**Income Information for CDBG-Funded Programs
2025 Income Limits**

Client Name: _____

The Arc of Fort Bend County Social Recreation/Bowling Programs are partially funded by the Fort Bend County Community Development Block Grant funds. It is required that the income be verified for all participants. Please check the number of persons living in the household and the annual income for the individual.

<p><input type="checkbox"/> 1 Person Household</p> <p><input type="checkbox"/> less than \$19,900 (>30%) <input type="checkbox"/> between \$19,901 and \$33,149 (31% - 50%) <input type="checkbox"/> between \$33,150 and \$52,999 (51% - 80%) <input type="checkbox"/> over \$53,000 (<80%)</p>	<p><input type="checkbox"/> 2 Person Household</p> <p><input type="checkbox"/> less than \$22,750 (>30%) <input type="checkbox"/> between \$22,751 and \$37,849 (31% - 50%) <input type="checkbox"/> between \$37,850 and \$60,599 (51% - 80%) <input type="checkbox"/> over \$60,600 (>80%)</p>
<p><input type="checkbox"/> 3 Person Household</p> <p><input type="checkbox"/> less than \$25,600 (>30%) <input type="checkbox"/> between \$25,601 and \$42,599 (31% - 50%) <input type="checkbox"/> between \$42,600 and \$68,149 (51% - 80%) <input type="checkbox"/> over \$68,150 (<80%)</p>	<p><input type="checkbox"/> 4 Person Household</p> <p><input type="checkbox"/> less than \$28,400 (>30%) <input type="checkbox"/> between \$28,401 and \$47,299 (31% - 50%) <input type="checkbox"/> between \$47,300 and \$75,699 (51% - 80%) <input type="checkbox"/> over \$75,700 (<80%)</p>
<p><input type="checkbox"/> 5 Person Household</p> <p><input type="checkbox"/> less than \$30,700 (>30%) <input type="checkbox"/> between \$30,701 and \$51,099 (31% - 50%) <input type="checkbox"/> between \$51,100 and \$81,799 (51% - 80%) <input type="checkbox"/> over \$81,800 (<80%)</p>	<p><input type="checkbox"/> 6 Person Household</p> <p><input type="checkbox"/> less than \$32,950 (>30%) <input type="checkbox"/> between \$32,951 and \$54,899 (31% - 50%) <input type="checkbox"/> between \$54,900 and \$87,849 (51% - 80%) <input type="checkbox"/> over \$87,850 (<80%)</p>
<p><input type="checkbox"/> 7 Person Household</p> <p><input type="checkbox"/> less than \$35,250 (>30%) <input type="checkbox"/> between \$35,250 and \$58,699 (31% - 50%) <input type="checkbox"/> between \$58,700 and \$93,899 (51% - 80%) <input type="checkbox"/> over \$93,900 (<80%)</p>	<p><input type="checkbox"/> 8 Person Household</p> <p><input type="checkbox"/> less than \$37,500 (>30%) <input type="checkbox"/> between \$37,501 and \$62,449 (31% - 50%) <input type="checkbox"/> between \$62,450 and \$99,949 (51% - 80%) <input type="checkbox"/> over \$99,950 (<80%)</p>

I certify that the information provided regarding income is true and correct.

Signature

Date



Activities Release and Waiver of Liability

Our programs are not licensed by the State of Texas. By signing below you agree to accept the terms.

This activities release and waiver of liability is being executed in favor of The Arc of Fort Bend County, The Arc of Texas, The Arc US &or any affiliated entities, their Directors, Officers, Employees, volunteers and agents (together, "the Organizations"), of/or the activities described below. I freely and voluntarily execute this document and agree to the following terms:

GENERAL RELEASE AND WAIVER: I, the undersigned, understand that by my adult or minor child's participation in the activity that accidents and exposure to diseases and viruses, including COVID-19 and any related virus strains, may occur. I understand and freely assume all risk involved with my adult or minor child participating in the activity and assume the risks which I accept may lead to property damage, minor or serious personal injury, illness or even death. By signing this Agreement, I intend to legally bind myself, my adult or minor children, wards, heirs, executors and administrators. I hereby release and forever discharge and hold harmless the Organizations, and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise at any time from the associated activity.

INDEMNIFICATION: I agree to indemnify, defend, and hold harmless the Organizations, its Directors, Officers, Employees, Clients, Volunteers, Agents, and its successors and assigns from any and all liability, claims, costs and losses, whether related to property damage, minor or serious personal injury, illness or death and exposure to, injury loss or death arising from the Undersigned's participation in activities, whether caused by the willful or negligent acts of Undersigned or the negligent acts of the Organizations. This provision shall survive the term of this agreement.

PARTICIPANT CONSENT: I understand and certify that my adult or minor child's participation in the Organization's programs and activities is completely voluntary. I have familiarized myself with the program and activities in which I and/or my adult or minor child will be participating. I acknowledge that although safety measures and reasonable care to minimize the risk of injury are taken, the Organizations cannot ensure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I have received approval from a doctor authorizing me/my adult or minor child to participate in the activities. I understand this program is NOT licensed by the state of Texas.

INSURANCE: The undersigned understands that the Organizations do not carry or maintain health, medical or disability insurance coverage for any undersigned. The Undersigned is expected, and encouraged to, obtain his or her own medical or health insurance coverage. I also understand that the Organizations do not assume any responsibility for, or obligation to provide, any financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

MEDICAL TREATMENT: If emergency treatment is necessary, I give permission for my adult or minor child to be taken to the nearest hospital for treatment, by ambulance. I understand treatment is not covered by the Organizations. The undersigned releases and forever discharges the Organizations from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with activities of the Organizations.

COVID-19 RISK: I am aware of and accept the risk related to appearing in-person at an activity conducted by or affiliated with the Organizations. I accept and assume the risk that my in-person participation may cause exposure to, injury or illness from COVID-19 and any related virus strains, which may lead to health-related injuries or illnesses including death.



COVID-19 RESPONSIBILITY: I/we, the Undersigned, will NOT attend the in-person activity with the Organizations if I/we, or any member(s) of our household have:

- Experienced symptoms such as fever or chills, cough, shortness of breath, fatigue, headache, muscle or body ache, sore throat, loss of taste or smell, congestion or runny nose, nausea/vomiting, diarrhea, or other symptoms related to COVID-19 within seven (7) days prior to the activity.
- Traveled internationally by sea or by air, within seven (7) days prior to the activity. OR
- Have been diagnosed with or tested positive for the COVID-19 virus within seven (7) days prior to the activity.

PARTICIPANT EXPECTATIONS: I realize that acceptance of my adult or minor child as a participant in this program is dependent upon his or her ability to conform to the program rules and expectations. If my adult or minor child cannot perform in accordance with the program rules and expectations, I understand he or she may be removed from the program and/or not be allowed to participate in future activities, with no refund of fees paid. I have instructed my adult or minor child regarding the importance of knowing and abiding by the program rules and expectations.

AGGRESSIVE BEHAVIOR POLICY: The Organizations reserve the right to refuse participation to any individual who displays disruptive and/or aggressive behavior. Disruptive and/or aggressive behaviors include, but are not limited to: endangering one's self or others, hitting, biting, kicking, physically or verbally threatening staff, volunteers or other participants. If this type of behavior occurs, the individual will be asked to leave the activity immediately. The determination of aggressive behavior is at the discretion of The Arc's staff. This policy is necessary to protect the well-being and safety of participants, staff and volunteers.

_____ I will immediately pick up my adult or minor child upon notification that my adult or minor child was engaging in aggressive behavior.

MEDIA RELEASE: The undersigned agrees to the digital, print or other medium use of their likeness, and waives all rights and interests in such materials.

ACKNOWLEDGMENT: By signing below the Undersigned acknowledges that I have read the foregoing release and waiver of liability and understand its contents. I am at least eighteen (18) years old and fully competent to give my consent, or, I have legal authority to consent for each of the undersigned minors/wards. I have been informed of the risks involved and give my voluntary consent as a free act and deed with full intention to be bound by this document. I sign the Agreement free of any inducement or representation. The undersigned expressly agrees that the Agreement is intended to be broad and inclusive as permitted by the laws of the State of Texas.

ADDITIONAL TERMS: The undersigned expressly agrees that the activities release and waiver of liability are intended to be as broad and inclusive as permitted by the laws of the State of Texas. This Agreement shall be governed and interpreted in accordance with the laws of the State of Texas, U.S.A. I agree if any provision of this Agreement shall be declared by any court of competent jurisdiction to be illegal, void, or unenforceable, the other provisions shall not be affected but shall remain in full force and effect. This agreement shall be binding on and inure to the benefit of the parties hereto and their respective heirs, legal or personal representatives, successors, and assigns.

Printed Name of Participant: _____

Printed Name of Guardian (if applicable): _____

Signature of Participant or Guardian: _____ Date: _____