



FALL ACTIVITIES

WITH THERAPEUTIC RECREATION SERVICES

TRS SOCIALIZATION

TRS Trivia Night

1 day | Ages 14+ Bring your sack dinner and laugh with friends while playing Trivia. Fun prizes will abound. Meet at **Park Operations lunch room, 2304 E. Mallon Ave.** \$19
 8823 Tues. 9/28 5:30-7pm

TRS Classy Crafts

4 weeks | Ages 16+ Explore your creative side and make a variety of beautiful and meaningful crafts each week. Participants will have the opportunity to improve skills such as fine motor, socialization and communication. Class meets at **Park Operations lunch room, 2304 E. Mallon Ave.** \$47
 8821 Thurs. 9/30 – 10/21 4:15-5:30pm
 8822 Thurs. 10/28-11/18 4:15-5:30pm

TRS Cornhole & Pizza

4 weeks | Ages 12+ Fresh air, fun and favorite lawn game-Cornhole. Laughter and friendly competition will abound. Pizza will be served. Meet at **Pickleball Playground, 10505 N. Newport Hwy.** \$53
 8794 Mon. 10/4-10/25 4:30-6pm
 8795 Mon. 11/1 – 11/22 4:30-6pm

TRS What's Cooking

4 weeks | Ages 16+ Tired of eating at home? Sign up for this class and you will prepare a meal, practice table manners, visit with friends, and take part in clean-up duties. Participants will have the opportunity to practice skills such as following directions, socialization, and hygiene required when in the kitchen. Class meets at **Southside Senior Activity Center, 3151 E. 27th Ave.-kitchen** \$59
 8828 Wed. 10/6 – 10/27 4-6pm
 8829 Wed. 11/3 – 12/1 *no class 11/24 4-6pm

TRS Day at the Theatre - Locations Vary

1 day | Ages 16+ Come with us as we delight in the entertaining theatre productions put on by our local Spokane Children's Theatre(SCT) and Christian Youth Theatre(CYT) Spokane.

Matilda the Musical

Matilda is a little girl with astonishing wit, intelligence and psychokinetic powers. Over the course of her first term at school, Matilda and her schoolteacher, the highly loveable Miss Honey, have a profound effect on each other's lives, as Miss Honey begins not only to recognize but also appreciate Matilda's extraordinary personality. The school's mean headmistress, Miss Trunchbull, hates children and just loves thinking up new punishments for those who don't abide by her rules. But Matilda has courage and cleverness in equal amounts, and could be the school pupils' saving grace! Meet at **Spokane Children's Theatre, 2727 N Madelia St #5** \$27

8861 Sun. 10/17 1:45-4pm

TRS Paint & Taste

1 day | Ages 14+ Do you like painting and apple cider? Make a masterpiece of your very own while enjoying sipping on cider. Meet at **Park Operations lunch room, 2304 E. Mallon Ave.** \$19
 8824 Tues. 10/12 5:30-7pm

NEW! TRS Cookie Bake Night

1 day | Ages 14+ Spend the evening making several types of cookies. Enjoy yourself, take home or share with friends. Gluten-free options are available. Class meets at **Southside Senior Activity Center, 3151 E. 27th Ave. - kitchen.** \$19
 8837 Wed. 10/27 6:30-8pm
 9021 Wed. 11/3 6:30-8pm

TRS Friday Night Jam

1 day | Ages 18+ Come rock and swing at Spokane's oldest on-going nightclub for people with developmental disabilities. If participants require direct supervision then care providers need to attend. Pre-registration required. Meet at **West Central Community Center, 1603 N. Belt.** \$9

Halloween/Harvest

Wear fall colors or a fun non-violent costume.
 8830 Fri. 10/8 7-9pm

Christmas Dance Celebrate Christmas wearing red and green. Hoping for a visit from Santa. Photos available no extra charge. \$9
 8831 Fri. 12/3 7-9pm

Elf-The Musical

Buddy, a young orphan, mistakenly crawls into Santa's bag of gifts and is transported to the North Pole. The would-be elf is raised, unaware that he is actually a human until his enormous size and poor toy-making abilities cause him to face the truth. With Santa's permission, Buddy embarks on a journey to New York City to find his birth father and discover his true identity. Faced with the harsh realities that his father is on the naughty list and his half-brother doesn't even believe in Santa, Buddy is determined to win over his new family and help New York remember the true meaning of Christmas. Meet at **The Bing Crosby Theatre, 901 W. Sprague Ave.** \$27

8972 Sat. 11/6 2:45 -5:15pm

Babes in Toyland

This musical is wrapped in gold paper with spangles all over it and attached with a card saying Merry Christmas! Wicked Uncle Barnaby runs the toy shop with his comic-ruffian assistants, Roderigo and Gonzorgo, and he turns children into dolls and sell them for gold; and lovable Jane and Alan who are his next victims. Enjoy the wonderful characters of Mary, Mary, Quite Contrary; Tom-Tom, the Piper's Son; Jack and Jill; Little Miss Muffet in this Christmas classic. Meet at **Spokane Children's Theatre, 2727 N Madelia St #5** \$27

8862 Sun. 12/5 1:45-4 pm



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TRS FITNESS

TRS Bicycling

4 weeks | Ages 16+ Enjoy Spokane's natural beauty by bicycle. Participants need to be in physical condition and ride a bike safely. Make sure your bike is in good working order and helmet fits well. Meet at **Mirabeau Point Park, trailhead, 13500 Mirabeau Pkwy, Spokane Valley.** \$43

8793 Sun. 9/19 – 10/10 3-5pm

TRS Disc Golf & Pizza

4 weeks | Ages 12+ We will visit a Spokane Parks and Recreation Park that host a Jr. Disc golf course. Safety and throwing fundamentals will be covered. Games played each week. Disc is included in the price. Discs provided if forget to bring. Pizza served at the end of each weekly play. Meet at **Friendship Park, 7426 N. Standard St (Standard & Greta parking lot).** \$59

8796 Wed. 9/22 – 10/13 3:30-5pm

TRS Pickleball

4 weeks | Ages 14+ Come learn how to play pickleball, one of the fastest growing sports in America. The game is fun, easy to learn and promotes fitness. The paddle is smaller than a tennis racket and the ball is a plastic wiffle ball. Equipment and instruction will be provided by the Pickleball Playground. Meet at **Pickleball Playground, 10505 N. Newport Hwy.** \$39

8833 Mon. 10/4 – 10/25 6:30-7:30pm

8834 Mon. 11/1 – 11/22 6:30-7:30pm



TRS HIKING

TRS Hiking

1 day | Ages 16+ Discover the beauty of local Spokane areas. Participants must be able to follow directions, stay with a group and be in good physical condition to do 2 -4 miles of strenuous hiking. Bring a lunch. Locations vary. \$19

Manito and Cannon Hill Park Loop

We will be walking a looped route along paved paths and sidewalks through Manito Park up to Cannon Hill Park and back. We will stop and see the amazing gardens, including Joel E. Ferris Perennial Garden, Duncan Gardens & fountain, Rose Hill Garden, Nishinomiya Japanese Gardens; and the Gaiser Conservatory Greenhouse. We will see ponds, shrubbery and fowl wildlife. The loop is 2.4 miles. Meet at **Manito Park, Mirror (Duck) Pond.**

8797 Sat. 10/2 10:30am-12:30pm

Fish Lake Trail

A beautiful ADA accessible trail that takes you from urban to rural in one mile. A former railroad route-7.6 miles one way- now paved that connects West Spokane to Queen Lucas Lake. We will walk as far as the group chooses. Meet at **S. Lindeke and W.9th Ave.**

8798 Fri. 10/15 10:30am-12:30pm

Palisades Park

Palisades Conservation Area is full of a variety of plants, flowers, birds and nature trails. The park has views of Mt. Spokane, the city, and has a natural creek and waterfall. Meet at **Palisades Park, 5200 W. Greenwood Rd.**

8799 Fri. 11/5 10am-12:30pm

TRS Pre-Ski Season Walking

6 weeks | Ages 12+ Take a Saturday walk in the park at Mission Park. Get in shape for the upcoming ski season. Walk at your own pace. Poles are provided. Meet at **Mission Park parking lot, Mission & Perry.** \$29

8816 Sat. 10/9 – 11/13 9:30am-11am

TRS Ice Skating

8 weeks | Ages 8+ Participants with developmental disabilities learn to skate and improve existing skills. Please dress warmly. Meet at **Eagles Ice Arena, 6321 N. Addison St.** \$79

8800 Sat. 10/02 – 12/4 3:30-4:15pm

No class 11/20 & 11/27



FALL ACTIVITIES

WITH THERAPEUTIC RECREATION SERVICES

TRS DANCE & MUSIC

TRS Line Dancing

4 weeks | Ages 14+ Easy beginner line dancing is for everyone. Grab your dancing shoes and join us as we learn the fundamentals of line dancing. Meet at **The Pickleball Playground, 10505 N. Newport Hwy.** \$31

8814	Mon.	10/4 – 10/25	3-4pm
8815	Mon.	11/1 – 11/22	3-4pm

TRS Music Making

4 weeks | Ages 15+ Join Willow Song Music for an hour packed with fun and joyful music based activities. A variety of instruments including drums will be used. There will be group singing, range of motion movements, opportunities to socialize and share all while engaging with Carla, Board-Certified-Music Therapist and facilitator Meet at **Willow Song Music Therapy, 21101 E. Wellesley Ave. Space 102, Otis Orchards.** \$59

8838	Thurs.	10/7 – 10/28	5-6pm
8839	Thurs.	11/4- 12/2 * no class 11/25	5-6pm



TRS SWIMMING

9 weeks | Ages 8+ Meet at Whitworth University Aquatic Center, 300 W. Hawthorne. NO SWIM OCTOBER 10.



Learn to Swim Beginner

Individuals will learn how to face float, back float, kick with floats and learn the crawl stroke with rotary breathing. Elementary back stroke and back crawl will be taught with the goal to be able to do for 20 yards. \$59

8820	Sun.	10/3 – 11/21	2:15-3pm
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Learn to Swim Intermediate

Individuals who have mastered the Beginner skills and are ready to move on. Skills worked on will be distance swimming, breast stroke, butterfly, diving, simple turns and deeper water experience. \$59

8819	Sun.	10/3 – 11/21	3 – 3:45pm
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Blue Dolphins Swim Team

For people with developmental disabilities who want to swim competitively or get a good workout. Ability to swim 75 yards without assistance and with rhythmic breathing. \$59

8817	Sun.	10/3 – 11/21	2:15-3:15pm
8818	Sun.	10/3 – 11/21	3:20-4:20pm

NO SWIM OCTOBER 10.

**REGISTER
ONLINE**

SpokaneRec.org



**CALL
US**

Call 311
or outside the city at
509.755.CITY
Fax 509.625.6990



Register online at SpokaneRec.org



City of Spokane Parks and Recreation Department
ACTIVITY REGISTRATION FORM

509.755.CITY (2489)
 SpokaneParks.org

Which program are you registering for? <input type="checkbox"/> General <input type="checkbox"/> TRS PAYEE INFORMATION	LAST NAME		FIRST NAME		MI
	ADDRESS			CITY/STATE	ZIP
	DAY WORK OR CELL PHONE		NIGHT PHONE		EMAIL

PARTICIPANT INFORMATION			BIRTHDATE	AGE	GENDER	ACTIVITY NUMBER	ACTIVITY NAME	FEE
LAST NAME	FIRST NAME	MI						
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Statistical Information (birthdate & sex of participant) is used for demographics and to customize course activities

Make checks payable to: City of Spokane Credit Card /Debit Card payments are also accepted in the form of VISA, MC or AMEX for Online or Phone Registrations Only.	Mailing Address: Spokane Parks & Recreation Department Class Registration – My Spokane 808 W. Spokane Falls Blvd. Spokane, WA 99201-3317	Total Program Fees: \$
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DDA will send funds. <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Manager Name: _____ phone # _____ email: _____
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Please contact your case manager to send verification of payment to: abusch@spokanecity.org

THERAPEUTIC RECREATION ONLY General supervision is provided 15 minutes prior to class time and 15 minutes at end of class. If additional supervision is required there will an additional fee imposed.

Check One: Group Home/Institution _____ In Own Home/Apartment _____ Private Home With Parent _____

Dietary Precautions/Foods to avoid:

Allergies: Bee/Wasp Stings Drug Allergies Food Allergies Latex Allergies Other Please Specify:

Activity Limitations/Physical problems (if any):

Will you (your child) need to be reminded to take medications during program hours? Yes No

Careprovider/Support Staff provided? Yes No

Will you be using Paratransit? Yes No If yes, what is your rider number?

THERAPEUTIC RECREATION

Do you have any disabilities? (be specific)

Participant Personal Needs:

Therapeutic Recreation staff provides leadership and supervision for the activity but are unable to provide attendant care (feeding, toileting assistance, giving medications, transfers, etc.). Care providers should accompany participants who need such attendant care. Parks & Recreation staff reserves the right to mandate a care provider as a prerequisite to participation. Registration fees for care providers will vary by activity.

Social Skills/Behavioral Info:	Participation: <input type="checkbox"/> Easily <input type="checkbox"/> Needs Occasional Prompting <input type="checkbox"/> Needs Constant Prompting	Needs Help Managing: <input type="checkbox"/> Behavior <input type="checkbox"/> Personal Space <input type="checkbox"/> Emotions	Behavioral Triggers or fears: Other information:
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Mobility and Adaptive Equipment:	Do you use adaptive equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wheelchair: <input type="checkbox"/> Manual <input type="checkbox"/> Full-time <input type="checkbox"/> Electric <input type="checkbox"/> Part-time	Check all that apply: <input type="checkbox"/> Cane/Crutches <input type="checkbox"/> AFO's/Splint/braces <input type="checkbox"/> Walker	Other information:
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Daily Life:	Toileting: <input type="checkbox"/> Independent <input type="checkbox"/> Independent w/reminders <input type="checkbox"/> Only with assistance	Eating <input type="checkbox"/> Independent <input type="checkbox"/> Independent w/ partial assistance <input type="checkbox"/> Only with assistance	Communication Information: <input type="checkbox"/> Verbal and clearly understood <input type="checkbox"/> Verbal but not clearly understood <input type="checkbox"/> Non-verbal <input type="checkbox"/> Uses sign language <input type="checkbox"/> Uses a communication board	Other information:
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Additional Personal Needs Information:

MEDICATION INFORMATION & WAIVER *signature required

This form must be completed by all participants who require medication while attending a City of Spokane activity (referred to herein as "Participant"). **Please complete the Medication Information Form & Waiver of Liability even if Participant will not take medication while at the activity.** This information will help us better assist Participant with medications.

- The activity leaders will provide reminders to Participant to take medications and to safely secure medication when not in use.
- Participant must be able to take his/her own medications while at the activity.
- Please package medication by dose in individual extra small zip lock bags or blister cards labeled by the pharmacy to include: 1) name of Participant; 2) name of physician; 3) name of pharmacy; 4) dosage and amount; and 5) time to take. For example, if Participant takes six different medications at dinner time there should be six small zip lock bags or blister cards, each with the label information listed above. Then put all bags in a larger zip lock bag labeled with Participant's name, date, day, and time to take; e.g. Sam Jones, Saturday, June 15, 6:00 pm.
- Please send only the amount of medication needed for the dates of the activity. Do not send excess dosages.
- If Participant has a medical insurance card, please bring it in case of emergency.

WAIVER OF LIABILITY: I understand that personnel from Parks & Recreation will administer only the prescribed medication mentioned in this Medication Information Form. I hereby waive any and all claims against the City of Spokane, which includes the City of Spokane Parks & Recreation Division and Therapeutic Recreation Services; any employees, chaperones, or volunteers; and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party"), and agree to hold Released Parties harmless from any and all liability which may arise in connection with Participant's use of medication.

BY SIGNING ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement.

Signature

Date

MEDICATION TAKEN	Type:	Dosage:	Time(s):
	Type:	Dosage:	Time(s):
	Type:	Dosage:	Time(s):

List any special instructions/cautions/side effects:

CITY OF SPOKANE PARKS & RECREATION DEPARTMENT WAIVER AND RELEASE OF LIABILITY

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!

THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION

1. Each person participating in the City of Spokane Parks & Recreation Division's activity identified herein (referred to as "Activity") is referred to as "Participant." I, the undersigned, am a Participant and, if a Participant is under 18 or has a guardian, I am the Participant's parent or legal guardian. I understand that participating in the Activity referenced herein can be HAZARDOUS AND INVOLVE THE RISK OF PHYSICAL INJURY AND/OR DEATH.
2. I understand the dangers and risks of the Activity and that Participant ASSUMES ALL INHERENT DANGERS AND RISKS of the Activity.
3. In consideration for being permitted to participate in the Activity, I AGREE, to the greatest extent permitted by law, TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE the City of Spokane, which includes the City of Spokane Parks & Recreation Division and Therapeutic Recreation Services; any employees, chaperones, or volunteers; and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") FOR ANY INJURY, INCLUDING DEATH, LOSS, PROPERTY DAMAGE, OR EXPENSE, WHICH I, OR PARTICIPANT, MAY SUFFER, ARISING IN WHOLE OR IN PART OUT OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITY except only for injury or damage caused by the sole negligence of the City of Spokane, its employees, or agents. To the extent Participant's damages were caused by or resulted from the concurrent negligence of the City of Spokane, its elected and appointed officers, employees, agents, or representatives, the obligation to indemnify, defend, and hold harmless is valid and enforceable to the extent of the negligence of Participant.

I UNDERSTAND THAT I AM ENGAGING IN AN ACTIVITY THAT HAS NUMEROUS INHERENT RISKS THAT COULD LEAD TO MY SERIOUS INJURY (INCLUDING COMPLETE PARALYSIS) OR DEATH. I ACKNOWLEDGE THAT REMOVING THOSE RISKS IS NOT POSSIBLE AND ELIMINATING THOSE RISKS WOULD FUNDAMENTALLY CHANGE THE NATURE OF THE ACTIVITY AND WOULD JEOPARDIZE THE ESSENTIAL QUALITIES OF THE ACTIVITY.

IN FURTHER CONSIDERATION FOR ALLOWING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, INCLUDING THOSE OF WHICH I AM NOT AWARE, THOSE NOT MENTIONED IN THIS RELEASE AND THOSE RESULTING FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

4. I AGREE TO PAY ALL COSTS, INCLUDING ATTORNEYS' FEES, INCURRED BY ANY RELEASED PARTY IN DEFENDING AN INVESTIGATION, CLAIM, OR LAWSUIT BROUGHT BY OR ON PARTICIPANT'S BEHALF WHETHER ARISING IN WHOLE OR IN PART FROM PARTICIPANT'S PARTICIPATION IN ANY ACTIVITY OR FROM ANY MISREPRESENTATIONS OR FRAUDULENT EXECUTION OF THIS AGREEMENT.
5. I represent that Participant is in good health and that there are no special problems associated with Participant's physical or mental condition that would enhance the risks of my participation in the Activity, that would increase the likelihood of my injury and/or death, or that would interfere with my safety in the Activity. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for Participant which may be necessary and agree to be fully responsible for any costs associated with such care or transport to such care.
6. I grant the Released Parties the right of publicity to own and use any image collected of Participant while participating in the Activity. YES NO
7. I agree that any and all claims for loss, injury, and/or death arising from Participant's participation in the Activity shall be governed by the law of the State of Washington and that exclusive jurisdiction of any such claim shall be in a court of competent jurisdiction in the in the State of Washington, County of Spokane.
8. BY SIGNING ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement. I acknowledge that the Activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, or death to Participant as well as damage to property, or to third parties. I understand that such risk cannot be eliminated without jeopardizing the essential qualities of the activity. I assume the risk and financial responsibility for any injury, illness, or liability resulting from Participant's participation. I waive any claims and agree to hold harmless and not sue Released Parties from all claims or liability arising out of Participant's participation. I have been made aware of the itinerary and give permission for Participant to ride in the vehicle designated by the staff of the City of Spokane Park & Recreation Division while attending or participating in the Activity, and I understand this release/waiver applies with equal weight to any claim arising from riding in a vehicle, including entering or exiting the vehicle. I certify that the Participant has no medical or physical conditions that could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

In case of emergency involving Participant, I understand every effort will be made to contact me. In the event I cannot be reached, I authorize a qualified physician/surgeon selected by City of Spokane personnel to examine and in the event of injury or serious illness administer emergency care to the above-named participant which may include hospitalization, anesthesia, surgery, or injections of medication for Participant. I understand every reasonable effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for City of Spokane Parks & Recreation staff or volunteers to obtain emergency care for Participant, I agree that neither the City of Spokane nor any of its personnel assumes financial liability for expenses incurred because of the accident, injury, or illness.

9. I understand that this Agreement will apply for each and every day Participant participates in any Activity. I understand that this Agreement is a contract and, to the fullest extent permitted by law, shall be binding on me and my assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties.

MINOR PARTICIPANT INFORMATION – requires Parent/Guardian to complete, sign & date below

Minor – Last Name, First name, M.I. (print) Date of birth (MM-DD-YYYY)

ADULT PARTICIPANT INFORMATION – required to complete, sign & date below

Adult/Parent/Guardian - Last, First, M.I. (print) Date of birth (MM-DD-YYYY) Signature Date

Emergency Contact (print) Relation Phone number