



City of Temecula High Hopes Program

To whom it may concern:

On behalf of the City of Temecula Human Services Division, we are pleased to invite you to join our beloved High Hopes program. As a community that fosters unity and inclusion, we take great pride in providing top-notch services, both qualitatively and quantitatively.

The High Hopes program has vastly continued to improve the overall quality of life since its inception 19 years ago. The goals of the program is to:

- Increase the opportunities for challenged adults to engage in social, recreational and emotional wellness activities with their peers.
- Increase non-classroom educational opportunities that promote personal development for challenged adults.
- Provide opportunities for challenged adults to participate as members in their larger community.
- Offer varied programming on a regular basis at a low cost in a safe, supervised location.

The High Hopes program is a high quality recreation service that our participants, their care providers, staff, Community Service Commissioners, City Council members and community at large are extremely proud of. It is the goal of the Temecula Community Services Department to provide as many recreational and social opportunities to as many citizens as possible. The High Hopes program allows us to offer such services and to integrate individuals into community activities to a segment of the community that is often left unnoticed.

Should you have any questions, please feel free to let us know. We look forward to making the difference.

Sincerely,

Cody House

Management Aide I

City of Temecula

(951) 694-6444, ext. 6464

cody.house@TemeculaCA.gov

41000 Main Street, Temecula, CA 92590

“Diversity and inclusion, which are the real grounds for creativity, must remain at the center of what we do.”

- Marco Bizzarri

What did you like about the program?

“We like it very much that our son Ryan has a fun and safe place to meet others. The staff are friendly and helpful, yet not overly directing or bossy. Which is nice as this population is always being told what to do or not do. Really appreciate the email reminders. Very helpful.” – Anonymous

“The opportunity to gather and enjoy each other’s company.” – Anonymous

Please provide a detailed explanation of what you hope to gain from this program (I.e. new friends, improved social skills, etc.)

What kinds of programs and or activities would you like to see in this program (I.e. excursions, karaoke night, dance classes, etc.)?

City of Temecula
Community Services Department
41845 Sixth Street Temecula, CA 92590

Date received: _____
Staff Initial: _____
(Office Use Only)

TEMECULA HIGH HOPES REGISTRATION AND EMERGENCY FORM

General Information

Participant's Name: _____

Address: _____

City & Zip Code: _____

Phone: _____ E-Mail Address: _____

Age: _____ Birthday: _____ Sex: _____

Weight: _____ Height: _____

Name of Parent (s) / Guardian / Care Provider: _____

Emergency Information (Person to contact, who is legally able to make medical decisions, in the event of an emergency.)

#1 Person To Contact: _____ Relationship: _____ Phone Number: _____

#2 Person To Contact: _____ Relationship: _____ Phone Number: _____

Doctor's Name: _____ Email: _____ Phone Number: _____

Address: _____

Insurance ID & ID Number: _____

Medical Information

Describe any physical, mental or emotional disabilities. *Be specific:*

Is there a history of seizure behavior? Y N (Circle one) If yes, please explain type and frequency:

List medications participant takes regularly, dose/frequency: _____

List allergies such as asthma or hay fever, allergic reactions to bee sting, etc. _____

Has diabetes Y/N; cardiac problems Y/N; If other please explain: _____

Does participant have any special fears or tends to wander? _____

Describe participant's communication skill: _____

List any specialized equipment participant uses: _____

List participant's interests/activities: _____

Additional Information

Please list any additional informational that you feel we should know: _____

Temecula High Hopes Requirements:

Please note the following requirements and that No exceptions may be made.

- * All forms must be **completely** filled out before participant is accepted into the program
- * No guests, other than parents, guardians, or caregivers are allowed (no children are allowed)
- * An individual photograph of participant must be attached to this form for registration to be complete
- * It is very important that all participants arrive and leave on time, the program runs from 6pm until 9 pm unless otherwise stated

TEMECULA HIGH HOPES

Adult Program Rules

1. Proper respect shall be shown to both participants and staff members in conversation and interaction at all time. _____ (Parent/Guardian Initials)
2. Participants who require assistance with personal hygiene, restroom skills or eating are welcome to participate, but **MUST** always be accompanied by a care provider, guardian or family member who can assist them with these needs. Staff are unable to provide adequate time to assist with these needs, or to provide “One on One” attention without compromising the supervision of other participants.
_____ (Parent/Guardian Initials)
3. Out of courtesy and to ensure the safety of others, participants who are ill must stay home. Participants who ignore this rule will not be allowed to remain in the program. _____ (Parent/Guardian Initials)
4. City staff are not permitted to administer medications or prescriptions. _____ (Parent/Guardian Initials)
5. Participants who, in the opinion of staff members, or are known by their care provider to have a tendency to “Run off” and to not stay on the premises, must be accompanied by a care provider who will tend to the safety and the whereabouts of their participant. We are unable to provide adequate staffing necessary to locate those who have left the premises without compromising the safety of those who remain within the physical boundaries of our activities. _____ (Parent/Guardian Initials)
6. Any participant who engages in any illegal act will not be allowed to participate. This includes, but is not limited to, fighting, drug possession, and possessing any type of weapon, including pocketknives. Alcohol and smoking are strictly prohibited. _____ (Parent/Guardian Initials)
7. Participants who, in the opinion of staff members or compromise the integrity of High Hopes will be disbanded from the program. _____ (Parent/Guardian Initials)
8. Participants must stay within the physical boundaries of the facility at all times. _____ (Parent/Guardian Initials)
9. Guests, other than the care providers or family members, are not allowed. Unless prior approval by the program supervisor. (Parent/Guardian Initials)

I have read these rules and understand that failure to comply with them may result in suspension and or removal from the High Hopes Program.

Participant First & Last Name: _____

Participant Signature: _____

Today's Date: _____

Participants who are consistently picked up late or whose behavior creates problems for others will not be allowed to participate in the program.

Participant Initials: _____

Date: _____

Parent/Guardian Initials: _____

Date: _____

(Person legally responsible for participant)

Image Release Consent Form/Waiver

I hereby give my full permission for the City of Temecula and the Temecula Community Services District to use my name, picture, image, likeness, actions, voice, or other personally identifiable information, in whole or in part, individually or in conjunction with other images, as part of a video recording of the panel/ presentation that may be used by the City or the District as part of its programs.

I waive all rights of privacy or compensation, which I may have in connection with such use of my name, picture, image, likeness, actions, voice or other personally identifiable information with respect to their use by the City of Temecula or the Temecula Community Services District.

Participant Initials: _____

Date: _____

Parent/Guardian Initials: _____

Date: _____

(Person legally responsible for participant)

Liability Waiver:

I realize that every precaution is taken to eliminate any injuries or hazards, and a competent supervisor is present, however in the event of injury, I hereby waive, release, and hold harmless from any liability for damages for personal injury including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the supervisor, the City of Temecula, its officers, agents, employees, and volunteers. I further permit the use of activity/event photography and/or video for media promotion. In case of accident or other emergency, personnel of the Community Services Department and/or its agents are hereby authorized to secure medical care deemed unnecessary as a result of accident or injury for the participant; I further agree to pay any and all costs incurred as a result of said treatment.

Participant First & Last Name: _____ Participant Signature: _____

Parent/Guardian First & Last Name: _____ Parent/Guardian Signature: _____

(Person legally responsible for participant)

Today's Date: _____

Date of Renewal: _____