

# GRACE & WELLNESS REGISTRATION FORM: MEMBERSHIP APPLICATION

## For Office Use:

New Member: Paid  date inputted \_\_\_\_\_  
 Updated: member # \_\_\_\_\_  
date inputted \_\_\_\_\_ Staff initial \_\_\_\_\_

### Participant Information:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Address: \_\_\_\_\_  
Apt#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ New Address: Y N  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Gender Preference:

Woman  Transgender  Gender Non-Conforming  Decline to state  
 Man  Non-binary  Prefer to self-describe

### Race/Ethnicity (Choose all that apply):

Black/African Descent  Middle Eastern  American Indian/Alaskan Native  
 Hispanic/Latino  Southeast Asian (e.g., Thai, Cambodian)  Native Hawaiian/Other Pacific Islander  
 Caucasian/White  South Asian (e.g., Indian, Pakistani)  Decline to state  
 Vietnamese  East Asian (e.g., Japanese, Chinese, Korean)  Other: \_\_\_\_\_  
 Filipino  Native American

### Preferred Spoken Language:

English  Vietnamese  Mandarin  Decline to state  
 Spanish  Tagalog  Cantonese  Other: \_\_\_\_\_

### Special Needs:

Do you have a history of seizures?  Yes  No

If yes, what type & how often? \_\_\_\_\_

Are you allergic to any medications?  Yes  No

If yes, please list: \_\_\_\_\_

Do you have any disabilities that require special attention?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you take medications?  Yes  No

If yes, please list below name of medication, dosage, & taken how often?  
\_\_\_\_\_

The City of San José Department of Parks, Recreation and Neighborhood Services welcomes individuals with disabilities into programs. Please indicate any medical or behavioral concerns, and describe any accommodations needed for successful inclusion in the program(s). (Allergies, behavioral support food/medicine/environment, medical conditions, medications, etc.)

### Important Contact Information:

Name of Mental Health Clinic you receive services from: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Conservator/Rep Payee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact Information:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Please initial after reading every rule:

1. Follow Staff Directions, staff will enforce City's Code of Conduct.
2. Follow all check-in procedures.
3. Follow all safety, COVID, and public health directives. Please do not come to the center if you have COVID symptoms (sore throat, cough, fever, body aches).
4. Please clean up after yourself. Throw trash away, clean up spills, help keep area clean.
5. Use of drugs and/or alcohol on the premises or prior to attending Grace or Senior program is NOT tolerated.
6. Staff will address Disruptive behavior.
7. Photography, video and/or audio recording is not permitted without consent of those being recorded, including staff/volunteers.
8. Weapons of any kind or objects that could be used as weapons are not allowed in the facility at any time.
9. Verbal threats, unwanted physical contact, and/or threatening behavior (including yelling and posturing) are NOT tolerated at Grace or the Senior program.
10. Swearing or abusive language is NOT permitted at any time.
11. Sexual behavior is NOT permitted on the premises at any time.
12. Discrimination or harassment towards any Staff, Volunteer, or Member is strictly prohibited.
13. Stealing is not tolerated.
14. Panhandling, borrowing, buying, selling, trading, or lending is not permitted at Grace.
15. You are responsible for all personal items brought to Grace. Do not leave items unattended.
16. One bag per person.
17. Member must abide by appropriate codes of hygiene and be fully clothed (ie. showered and wearing clean clothes)
18. Sunglasses are not to be worn inside.
19. Sleeping at Grace is not permitted.
20. Please use headphones or earphones to listen to audio on personal devices or computers.  
Sinks in restrooms are for hand washing only. Not personal care or bathing

By signing this, I agree that I have read all the above listed rules and understand them.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If under conservatorship:**

**Conservator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### WHAT HAPPENS IF I BREAK THE RULES?

Please review the Center rules carefully. You are responsible for knowing them and following them. Breaking rules and other behavioral problems will result in suspension from the program until the participant attends a staff meeting. An intervention may be offered as a condition to future participation. For example, returning may be contingent upon the successful completion of 6 weeks of the Therapeutic Art & Wellness Program's Anger Management Program.

## Therapeutic Outing Program Participant Liability Release

The undersigned, in consideration of participation in Therapeutic Art & Wellness' Outing Program, hereby agrees to indemnify and hold harmless the City of San Jose, their officers and employees, and any organization co-sponsoring the Therapeutic Art & Wellness Outing Program, from and against any and all liability for any injury and/or death that may result from, or is in any way connected with my outing attendance, except in the case of the sole willful act or sole active negligence of the City of San Jose, it's officers, agents or employees. I further hereby agree that I will not leave the organized program at any time between the scheduled departure and return times without notifying the Outing Program Staff. if I do leave a program prematurely, I hereby agree not to hold the City of San Jose, their officers and employees, and any organization co-sponsoring the Therapeutic Art & Wellness Outing Program, responsible in any way for my security, and I will no longer be considered a participant of the Therapeutic Art & Wellness Outing Program.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE TERMS.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If under conservatorship:**

**Conservator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Liability Waiver

The Applicant has read the PRNS policies and procedures set forth within in consideration of the application to participate in classes/programs at a City facility or in a City sponsored class/program. Applicant agrees to defend, indemnify and hold harmless City, its officers, agents and employees (collectively referred to hereinafter as "City") from and against any and all claims, demands, causes of action, or liabilities incurred by City arising, in whole or in part, directly or indirectly, from Applicant's acts or omissions in connection with participation in the classes and programs described above, except as may arise from the gross negligence or willful misconduct of City. In any action or claim against City in which Applicant is defending City, the City shall have the right to approve legal counsel providing City's defense and such approval shall not be unreasonably withheld. Applicant further agrees to release City from any and all claims for any damages, including property damage, injury or death occurring or arising out of use of City's property, except as may be caused by the City's gross negligence or willful misconduct. I understand and acknowledge that if participating in a program listed in CA Health and Safe code 124235, the enrolled participant is subject to concussion protocol as outline in CA Health & Safety124235 which includes "return to Play" procedures. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Permission to Photograph, Video, and/or Voice record

I, (Name of Client) \_\_\_\_\_, give the Therapeutic Art & Wellness Program permission to photograph, video, and/or record my voice while participating in programs and activities. I have been informed and understand that the images/recordings will be used only in promotional and marketing tools, such as brochures, program posters, display boards, public awareness, and educational packages, etc. I also understand that my name will be kept confidential always. I understand the City of San Jose may photograph or videotape the events or activities in which I am participating. I give my permission for the City to use photographs or videotape of me for the purpose of promoting the City of San Jose and its services/programs or for educational purpose. I give my permission with the following understating: No compensation of any kind will be paid to me at this time or in the future for the use of my likeness. Permission is not required to participate in City event.

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To all those that support our members with attending Grace Art and Wellness Program, Grace Staff offers a huge thank you for all that you do to support our members.

Please note that for those members that need day-time support, have support staff and/or have a caregiver while they participate in Grace Art and Wellness programming and activities, the caregiver/support staff must apply for their own caregiver membership and participants must read and acknowledge all of the following:

**Please initial after reading every rule:**

1. Your Caregivers/support staff must attend orientation and apply for a Caregiver Membership. There is no cost for a caregiver membership.
2. Your caregiver/support staff, **MUST** stay with you at all times.
3. Your caregiver/support staff you must be in the same general room with you while you participate in programming/activities. If you are working on developing independence and that is part of your treatment plan, it is ok for your caregiver/support staff to sit further off from you to give you space. Caregiver/support staff should never leave you alone in any of the rooms at anytime.
4. If your Caregiver/Support staff wants to participate in Grace Programs **AFTER** their shift work is done with you, they will need to become a member and pay the membership fee.
5. Your caregiver may not attend any classes, programming, activity or outing without you at any times unless they are a member themselves and are at grace as a participant and not a caregiver.
6. Your caregivers/support staff must check in at the front desk upon arrival to the center.
7. Your caregivers/support staff must follow all the center rules as outlined in the orientation.

By signing this, I agree that I have read all the above listed rules and understand them.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have any questions, concerns or suggestions about how your caregiver can work with staff to support you better work please don't hesitate to check in with Grace Staff.

Thank you for your continued support and cooperation,  
Grace Art and Wellness Program Staff