



The City of Cedar Hill Senior Center

Sponsored by the City of Cedar Hill Parks & Recreation Department

Mission Statement

To provide a safe and nurturing environment for the senior citizens of the City of Cedar Hill. To provide a place where participants are actively involved in programs designed to improve their total well-being and enhance their overall quality of life. To be a source of information and referral for those we are fortunate to serve.

Standards

- A clean facility
- A safe environment in which to share comments and concerns
- Dignity and respect for all participants
- Equal opportunity for participation in programs
- A timely response to requests for information
- Referral for those in need of special assistance
- Exceptional service (phone etiquette, handling of complaints, etc)

The City of Cedar Hill will provide services to all eligible participants

Definitions:

Eligible Participant

- 50 years of age and older
- Able to participate in programs without special assistance¹
- No health contraindications for participating in programs
- Children and grandchildren **SHOULD NOT BE BROUGHT** to the center unless the activity is for all ages.

Participant

Any individual who meets the requirements for eligibility as stated above who registers with the City of Cedar Hill Senior Center by completing a participant information questionnaire which includes but is not limited to questions regarding demographics, emergency contacts and special needs.

Senior Center Staff

Any individual who is employed (full time, part time, contractual) by the City of Cedar Hill and has been assigned responsibilities at the Cedar Hill Senior Center by the Parks and Recreation Department.

Volunteer

Any individual who willingly offers their time to assist the City of Cedar Hill Senior Center with various tasks as determined by the Senior Center Supervisor with the understanding that there will be no compensation.

Special Assistance

Assistance requested to be performed by a staff member, volunteer, or participant that is above and beyond the boundaries of their training and expertise. This includes but is not limited to individuals in need of assistance with Activities of Daily Living (ADL's) such as walking, entering or exiting senior center and center vehicles, eating, and use of restroom facilities, and the ability to comprehend and follow basic instructions and recommendations regarding participant safety and program details.

Program

Any activity hosted by the City of Cedar Hill Senior Center and sponsored by the City of Cedar Hill Parks and Recreation Department.

Trip

Any activity that includes transportation to and from a destination away from the City of Cedar Hill Senior Center.

Willing and Competent Caretaker

Any individual who has agreed to care for a participant in need of special assistance and is either eligible for participation in center programs or has been legally entrusted with the care of the individual in need.

Physical Activity

Any activity that requires bodily exertion exceeding basic activities of daily living.

Footnote:

¹ Potential participants that require special assistance will be eligible for participation if he/she has a willing and competent caretaker present with him/her during all scheduled programs/trips.

CEDAR HILL PARKS AND RECREATION

ACTIVITY RELEASE FORM

Last Name _____ M ___ F ___

First Name _____ Middle name or Initial _____

Address _____ City /Zip _____

Date of Birth ____/____/____ Cell Phone (____) _____

Daytime Phone (____) _____ Evening Phone (____) _____

Email _____

Emergency Contact:

Name _____ Phone (____) _____

Activity: _____ **Activity:** _____

Activity: _____ **Activity:** _____

How did you hear about the Parks and Recreation Department? (please choose one)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> 1. Referred By: _____ | <input type="checkbox"/> 2. Internet | <input type="checkbox"/> 3. Flyer/ Brochure |
| <input type="checkbox"/> 4. Magazine | <input type="checkbox"/> 5. Newspaper | <input type="checkbox"/> 6. Other _____ |

_____ (Initial) *All customers must abide by rules and regulations of the City of Cedar Hill Parks and Recreation Department facilities, or privileges may be revoked.*

_____ (Initial) *Proof of payment are required for entry into all Parks and Recreation facilities.*

I, _____, in consideration of the City of Cedar Hill's organization of and/or provision of services in connection with any and all Cedar Hill Parks and Recreation Program Activities (herein "Activities"), hereby affirm that I understand that there are inherent risks involved with participation in the Activities including, but not limited to, the inherent risks of motor vehicle travel and public transportation, physical stresses of exercise, and other such risks. Further, I understand that participation in the Activities involves certain risks and that personal injuries, property damage and even death can occur as a result of such Activities. Nonetheless, I desire and agree to proceed with participation in the Activities. I hereby personally assume all risks for any harm, injury or damage that may befall me during my participation in the Activities, whether foreseen or unforeseen, and I further agree to save and hold harmless the City of Cedar Hill, the Cedar Hill Parks and Recreation Dept., and all of their officers, employees, agents, servants and representatives, from any claim or demand by me, or my family, estate, heirs or assigns, arising out of or in connection with my participation in the Activities. I further agree to pay any and all medical expenses, including emergency medical expenses, in the event of any accident or occurrence in which I am injured, become ill or incapacitated.

IT IS MY INTENT BY EXECUTING THIS RELEASE TO EXEMPT AND RELEASE THE CITY OF CEDAR HILL, THE CEDAR HILL PARKS AND RECREATION DEPARTMENT, AND ALL OF THEIR OFFICERS, EMPLOYEES, AGENTS, SERVANTS AND REPRESENTATIVES FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR DEATH CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE OF ANY PERSON OR ENTITY, INCLUDING, WITHOUT LIMITATION, ANY NEGLIGENCE OR GROSS NEGLIGENCE ON THE PART OF THE CITY OF CEDAR HILL, THE CEDAR HILL PARKS AND RECREATION DEPARTMENT AND/OR THEIR EMPLOYEES, AGENTS, SERVANTS AND REPRESENTATIVES.

I further acknowledge, represent and warrant that I am of lawful age and legally competent to sign this Release, that I understand the terms of this Release, that the terms and conditions set forth herein are contractual and not a mere recital, and that I have signed this document of my own free act and will. I further represent and warrant that this Release shall be effective until revoked by me, or my legal guardian, in a signed writing delivered to the Cedar Hill Parks and Recreation Department.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT.

PARTICIPANT'S SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE



SENIOR CENTER _____

Date _____

Dear Dr.

Your patient _____ would like to participate in the City of Cedar Hill Senior Center activities which include but are not limited to exercise, social outings (which require walking and in some cases climbing stairs, etc.) and education. After reviewing his/her responses to our participant information form, we would appreciate your medical opinion and recommendations concerning his/her participation in our center's activities. Please provide the following information and return this form to:

**Senior Center Supervisor
1740 Mansfield Road
Cedar Hill, Texas 75104
Fax: (972) 291-5180**

1. Please check all that apply:

- I AGREE to the participation of this individual in any of your center's activities.
- I DO NOT AGREE that this individual should participate in your center's activities.
- This individual DOES NOT require special assistance when participating in you center's activities.
- This individual DOES require special assistance when participating in your center's activities.

2. Are there specific concerns or conditions our staff should be aware of before this individual engages in our center's activities?

-----Yes -----No

If yes, please specify:

Thank you for your help.

Sincerely,

Senior Center Supervisor _____

Physician's Signature _____

Physician's Name (Printed) _____

Street Address _____ City _____ Zip _____

Telephone # _____ Fax _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Please answer yes or no to all of the following questions:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has a doctor ever said that you have a heart condition and recommended you only participate in exercise that is medically supervised? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have chest pain brought on by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you developed chest pain in the past month? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be aggravated by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has a doctor ever recommended medication for your blood pressure or a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision? |

If you answered "yes" to any of these questions, call you personal physician or healthcare provider before participating in activities held at this center.

HEALTH HISTORY

Please check all that apply:

- ___ I currently take heart medication
- ___ I currently smoke
- ___ My average blood pressure is greater than 140/90
- ___ I currently take blood pressure medication
- ___ I don't know my average blood pressure
- ___ My blood cholesterol level is greater than 240 mg/dl
- ___ I don't know my blood cholesterol level
- ___ I have had a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister)
- ___ I am a diabetic or take medicine to control my blood sugar
- ___ I am physically inactive (less than 30 minutes of activity at least 3 days per week)
- ___ I am more than 20 pounds overweight

I have read the above information. I understand that the City of Cedar Hill, their associated organizations, employees, agents, or representatives will not be making a diagnosis or providing treatment. Further, I have answered the above questions truthfully to the best of my knowledge.

Name

Date

RULES OF CONDUCT AND GENERAL POLICY
FOR CEDAR HILL SENIOR CENTER
MUNICIPAL VEHICLE RIDERS

In order for the Cedar Hill Senior Center to provide a safe, comfortable and pleasant environment for all patrons riding in a municipal vehicle, the following guidelines will be followed:

- Seating is on a first-come, first service basis for seniors at the door of the vehicle. No one is allowed to save seats for others and each person should sit in the same seat going to the activity as well as returning from the activity.
- Patrons requiring assistance must be accompanied by a care provider. A care provider must be at least 21 years of age or older. In certain circumstances, exceptions can be made at the sole discretion of the Center Supervisor.
- If a patron requiring assistance cannot be accompanied due to seat availability, other travel arrangements must be made. Care providers who are also seniors (50 years or older) have the same privileges as other qualified patrons.
- Care providers will sign-up and/or pay the same trip costs as the patrons.
- It is at the sole discretion of the Center Supervisor to determine if a patron requires supervised assistance.
- Use of tobacco, illegal drugs or alcohol is prohibited.
- No hot drinks may be brought onto the vehicle. All other drinks must have a screw on or twist top.
- ALL trash will be placed in the vehicle trash receptacles by patrons or removed from the vehicle by patrons.
- Weapons are strictly prohibited.
- Offensive, loud or annoying language or music is prohibited, inclusive of cell phones. Cell phone use by passengers is discouraged except in emergency situations.
- In order to be a passenger on City vehicles, proper respect of others and observance of good manners is required.
- Patrons are NOT PERMITTED to enter or exit a City vehicle, unless staff is present at the vehicle door.
- No trips may be taken with a City vehicle unless approved by the Center Supervisor. Transportation will be provided from the Senior Center and, in some cases, from the library. Patron pickups by the City vehicle will be made from Cedar Hill addresses only. A Cedar Hill address is determined by meeting the following three criteria: the address is within the city limits of Cedar Hill, municipal taxes paid to the City of Cedar Hill and school taxes paid to the Cedar Hill Independent School District.
- In the events of an accident, NO ONE should exit the vehicle unless told to do so by the driver or emergency personnel. If the situation is dangerous, use judgment as to when and how to exit the vehicle.
- Every MUST be on time for leaving and returning from trips and outings. There is no grace period. If you return to the bus 15 or more minutes late, you will not be allowed to participate in future trips/outings for one month. Before exiting the vehicle, it is your responsibility to make yourself aware of the time the City vehicle will be departing so you will be on time.
- The driver has route instructions from the Center Supervisor. It is VERY IMPORTANT not to distract the driver while operating the City vehicle by speaking to the driver.
- Monetary tips to staff are prohibited at all times.

This is to certify that I have read and agree to abide by the policies as mentioned above. I understand that failure to follow these guidelines could result in being prohibited from riding the City vehicles for various periods of time, at the discretion of the Center Supervisor.

Signature _____

Print Name _____

Date _____