



Troy Recreation Department

Friendship Club

For persons 13 and up unless otherwise specified.

Activities are held at the Troy Community Center, 3179 Livernois, Troy MI 48083, 248.524.3484, unless otherwise noted. Staff will try their best to meet everyone's needs but you may be asked to provide an aide or to withdraw from the activity.

November/December 2016

Membership Cards

Your membership card will expire on Aug. 31, 2016. Forms are available at the Community Center front desk or online on the Adaptive page. Drop off or mail form to the CC and we will mail you a membership card. This card is required for admission to all activities.

There are three ways to receive the Adaptive newsletter which is published six times per year:

- Receive it by mail. Submit the fee and registration form in this newsletter. Troy residents pay \$5 for two years (12 issues). Subscriptions begin with the Sept/Oct issue of even numbered years and are prorated bi-annually. To continue to receive it via US mail you need to re-register before August 1, 2016. Pay \$5 on or before 2/28/17, \$3.75 between 3/1/17 and 8/31/17, \$2.50 between 9/1/17 and 2/28/18, and \$1.25 after 3/1/18. Non-residents pay \$7 per year, prorated as above. Sign up for Act. #7340A.
- Pick up a free copy at the Community Center Front Desk.
- Receive the newsletter free via e-mail. Visit the City website: www.troymi.gov and click on SUBSCRIBE in the upper center of page. Enter your e-mail address and click on SAVE. Then select Adaptive News & Updates and click save.

Punch Cards



Save some CA\$H and purchase a punch card to attend the Monday night activities (NEW!!! Chair Yoga, Movie & Pizza, Karaoke, Bingo) and Friday Frolic Dances. Punch cards are \$55/Residents and \$60/NR. This is a savings of \$15/Residents and \$10/NR over paying at the door. This punch card is good for ten admissions to only the Monday nights or Friday Frolics. Drop-in fees for these events are \$7 at the door.

There is no refund for lost or stolen cards, so be careful not to lose your punch card. **Write your name and phone number on the back in case you misplace it.** If you've experienced problems with your Friendship Club member losing their punch card, we have a suggestion: **Put the punch card on a lanyard and have them wear it to the events.** For homes with multiple Friendship Club participants, put the cards on a card ring (found in office supplies) and carry them all together.

This card can be purchased with cash, check or credit card (MasterCard or Visa) at the front desk of the Community Center.

NEW!!! Chair Yoga w Janeen

First Monday of month

November 7 & December 5

7-7:45pm at Troy Community Center

Cost: \$7 or punch card

An effortless arrangement of gentle stretches, breathing exercises and meditations using a chair for assistance. Stretch out and reenergize, while building strength and endurance. No need to visit the floor! We will be trying this activity out for the Fall. If there is interest it will continue though June on the first Monday of each month.

Movie & Pizza

November 14 & December 12

6:30-8:30pm at Troy Community Center

Cost: \$7 or punch card

Aides may purchase pizza \$1/slice. Please place your order when you check in before pizza is ordered. If you will be arriving late, please call ahead to allow us to order enough pizza at 248.990.0029.

Movies:

Nov 14: "Alice Through the Looking Glass" 118 min.

Dec 12: "Polar Express" 100 min.



Basketball

January 10 through March 14

6:30-8:30pm every Tuesday

Troy Community Center

Cost: \$62, \$72/NR

Register now for the 10-week winter basketball session, **Act. # 7320B**. Participants will be divided into four teams. Join Coach Courtney Dalley for a fun season! The four teams will practice together for the first few weeks and then play against each other and have playoffs. On the first day of basketball, a more detailed letter will be passed out.

Karaoke

November 21 & December 19

7-8:30pm at Troy Community Center

Cost: \$7 or punch card

Have fun while singing along with the latest and greatest artists. Feel free to bring your own CD to sing and dance along with. Pop and chips will be provided.

Aides may purchase pop and chips for \$1.



Created by Arthur Shlan from Noun Project

BINGO Night!

November 28 (No bingo in December)

7-8:30pm at Troy Community Center

Cost: \$7 or punch card

Prizes will be given to the winners and we will break for refreshments. Aides may purchase pop and chips for \$1.

My Chance to Dance

**Dance/Exercise for Children and Adults
with Developmental Disabilities**

Thursdays from 7-8pm

Troy Community Center, 3179 Livernois

Cost: \$40 for 8 classes or \$6/drop in

First class FREE for new students! This class is ongoing. Please contact Peggy DiMercurio at mdimercurio@wowway.com or 586.801.4902, with any questions.

Friday Frolic Dance

November 11 & December 9

7-9pm at Troy Community Center

Cost: \$7 or punch card

Dancing with a DJ and refreshments.

**Pizza will be served at the December
Friday Frolic.**

Daytime Friendship Club

Tuesdays and Thursdays

10am-3pm

ALL PARTICIPANTS MUST REGISTER PRIOR TO ATTENDING

If your participant is not registered for next month on the last day of the current month a reminder will be sent home.

This program for ages 18 and older meets every Tuesday and Thursday from 10am-3pm (except holidays as noted) at the Troy Community Center. The program has access to the gym, swimming pool, outdoor resources and a wide variety of fun things to do in their camp room. The monthly calendar outlines which days the clients bring lunches and which days the meals are provided. They can also purchase meals in the senior dining area for a reasonable price. Participants have input in developing the monthly schedule. Staff are retired special education professionals who have extensive experience with our population of clients.

We ask that new participants attend with a family member or aide on a Tuesday or Thursday prior to registering to be introduced to the program and meet staff. This will also give ample time for all necessary paperwork to be completed before enrolling. Thank you for your cooperation.

The fee is \$76 (\$86 NR) per month for one day a week or \$152(\$172 NR) for both days. Pre-registration is required and you must register for the entire month. Contact Elaine Torvinen at the Community Center 248.524.3484 or email E.Torvinen@troymi.gov. for more information. Register early! Space is limited. If you wait until the first day of the month to register the program may be filled.

A 25% subsidy is available to low-income Troy residents who meet the following guidelines: 1 person household - annual income of \$24,450 or less; 2 person household - annual income of \$27,950 or less; 3 person household - annual income of \$31,450 or less. Please call 248.524.3484 for information on larger household sizes. Applicants must fill out a confidential application and submit it at the time of

registration. Please call 248-524-3484 and we will mail an application to you.

Transportation for Troy residents may be available through Troy Medi-Go Plus. Call 248.457.1100 for information. For residents in surrounding communities, we encourage you to check with the public transportation resources in your area of residence. **If using Public Transportation please arrange for drop-off at the Community Center between 9:30-10 am and pick-up between 2:30-3 pm.**



Activity Numbers for 2016-2017 season are:

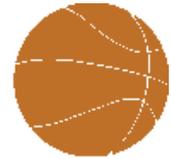
	Tuesdays		Thursdays
Nov	7300E	Nov	7310E
Dec	7300F	Dec	7310F
Jan	7300G	Jan	7310G
Feb	7300H	Feb	7310H
Mar	7300J	Mar	7310J
Apr	7300K	Apr	7310K
May	7300L	May	7310L
June	7300M	June	7310M

There are 48 sessions planned for both Tuesdays and Thursdays. The fee is the same amount each month whether the month has 3, 4 or 5 Tuesdays or Thursdays in a month. This averages out to 4 days a month over the entire year.

On-Going Events



Basketball: Tuesday evenings fall and winter at the Troy Community Center for persons with developmental disabilities. Registration is required. Minimum age: 16 years old unless otherwise noted.



Bowling: Saturdays (except holiday weekends and July and August) from 10 am - 12 pm at Troy Lanes (Square Lake west of John R). \$7 per week includes shoes and three games. Drop-in. Minimum age: 10 years old.

My Chance to Dance: Thursday evenings from 7-8 pm at Troy Community Center, 3179 Livernois, Troy. This activity is now ongoing. Contact Peggy with any questions on dates class will not meet. Minimum age: 13. Please contact Peggy DiMercurio at mdimercurio@wowway.com or 586.801.4902, with any questions.



Performing Arts Club: Note: New Night!!! For teens and young adults with developmental disabilities. **Mondays** 7-9 pm at the Big Beaver United Methodist Church 3753 John R. Sponsored by the Italian Study Group of Troy. For more information, call Denise at 248.703.7303. Minimum age: 16.



Softball: A Thursday evening league for teens and adults with developmental disabilities plays against other cities in Oakland County May through August. Practices are held on Thursday evenings in May. Minimum age: 16.



Special Events: Countywide special events are offered by Oakland County Parks for people with cognitive and physical impairments. Call 248.858.7596 to receive the Oakland County Parks newsletter.

Special Olympics: Team Troy Special Olympics participates in swimming, track and field, and golf. Minimum age: 8. Call 248.370.0922 or www.somi.org for more information.



Special Olympics
Michigan



Weight Watchers: Tuesdays, meets at 5:30 pm and 6 pm at Big Beaver United Methodist Church, 3753 John R, Troy. The fee is .50 cents per week. Braille is available. Persons accompanying a program participant may participant for the same fee. Co-sponsored by The Arc of Oakland County. Call Allison Murowany at 248.816.1900 for details. Minimum age 13.

November 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Friendship Club 10 am-3 pm Weight Watchers 5:30 & 6 pm Basketball 6:30-8:30 pm	2	3 Friendship Club 10 am-3 pm My Chance to Dance 7-8 pm	4	5 Bowling 10 am-12 pm Troy Lanes
6	7 Note new time! Chair Yoga w/Janeen 7-7:45 pm Performing Arts 7 pm	8 Friendship Club 10 am-3 pm Weight Watchers 5:30 & 6 pm Basketball 6:30-8:30 pm	9	10 Friendship Club 10 am-3 pm My Chance to Dance 7-8 pm	11 Friday Frolic 7-9 pm	12 Bowling 10 am-12 pm Troy Lanes
13	14 Movie & Pizza 6:30- 8:30 pm Performing Arts 7 pm	15 Friendship Club 10 am-3 pm Weight Watchers 5:30 & 6 pm Basketball 6:30-8:30 pm	16	17 Friendship Club 10 am-3 pm My Chance to Dance 7-8 pm	18	19 Bowling 10 am-12 pm Troy Lanes
20	21 Karaoke and Dancing 7-8:30 pm Performing Arts 7 pm	22 Friendship Club 10 am-3 pm Weight Watchers 5:30 & 6 pm	23	24  Happy Thanksgiving	25	26 No Bowling
27	28 Bingo 7-8:30 pm Performing Arts 7 pm	29 Friendship Club 10 am-3 pm Weight Watchers 5:30 & 6 pm	30			

December 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Friendship Club 10 am-3 pm My Chance to Dance 7-8 pm	2	3 Bowling 10 am-12 pm Troy Lanes
4	5 Note new time! Chair Yoga w/Janeen 7-7:45 pm Performing Arts 7 pm	6 Friendship Club 10 am-3 pm Weight Watchers 5:30 & 6 pm	7	8 Friendship Club 10 am-3 pm My Chance to Dance 7-8 pm	9 Friday Frolic 7-9 pm	10 Bowling 10 am-12 pm Troy Lanes
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25 	26 No Bingo	27	28	29	30	31 No Bowling

Troy Adaptive Recreation Registration/Medical Form

Date: _____

Participants Name: _____ Age _____ Birthdate _____ Phone _____
(Last) (First)

Participants Address: _____
(Number/Street) (City) (Zip)

Name of person to be contacted in case of an emergency: _____

Select one that applies to above person: Parent: ___ Family member: ___ Caregiver: ___ Home manager: ___

Address if different from above: _____

Phone(h): _____ Phone(w): _____ Cell/pager: _____

Email address: _____

Secondary emergency contact: _____ Relationship: _____ Phone: _____

List any medications you are taking: _____

List any medications you are allergic to:- _____

Date of last tetanus shot: _____ Primary disability: _____

Please indicate YES or NO and explain if necessary:

Communication barriers: _____ If so explain: _____

Seizure: _____ If so explain: _____

Allergies: _____ If so explain: _____

Cognitive disability: _____ If so explain: _____

Physical Challenges: _____ If so explain: _____

Neuro-Psych Challenges: _____ If so explain: _____

Respiratory problems: _____ If so explain: _____

Urinary problems: _____ If so explain: _____

Any other activity restrictions or behavior characteristics we should be aware of: _____

I have listed all known medical conditions and will advise the Parks and Recreation Department of any changes. I hereby voluntarily release and hold harmless the City of Troy from all liability for all types of damages or injuries, foreseeable or not, sustained by my child, myself and other family members while participating, watching, and traveling to or from all Troy Parks and Recreation activities.

Signature of parent/guardian: _____ Date: _____ (OVER)

Code of Conduct

For the safety and the enjoyment of all, participants are required to adhere to the following code of conduct.

- Keep hands, feet and other objects to yourself at all times.
- Swearing, other abusive language, and inappropriate hand gestures are not allowed.
- Disruptive behavior such as yelling, harassing others and destruction of property is not allowed.
- No smoking or drinking is allowed, even if you are of age.
- Participants must stay with their group or chaperone as directed.
- Participants must follow directions of staff at all times.
- We recommend that participants be escorted in and picked up by their parent/guardian at all events.

Failure to comply with any of these rules will result in discipline as follows:

1. Oral warning: an official warning that the conduct is unacceptable.
2. Oral warning and the parent/guardian will be called to pick participant up.
3. Suspension from programs: parent/guardian will be called to pick participant up, and you will not be allowed back for a specified period of time.
4. Participant may be no longer be allowed to attend the program or may be allowed to attend only with an escort.

Discipline may be started at a higher level depending on the severity of the incident.

Please sign below indicating that you have read the code of conduct.

Signature _____ Date: _____

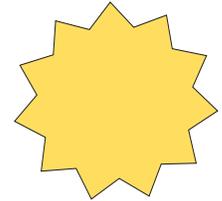


Staff Use Only

Date of Discipline	Reason	Action Taken (1, 2, 3, or 4 above and time period if #3)



Registration Form



Registration continues until courses are filled or closed unless otherwise noted

Household/Primary Adult Contact: Passholder New Address (new contact info or address in last 6 mos)

Last Name: _____ First Name: _____

Street (no P.O. boxes): _____ City: _____ Zip: _____

Current Home Phone: _____ Business Phone: _____

Emergency Phone: _____ *E-mail Address: _____

(*By providing an e-mail address, I agree to allow the TRD to use it to send my receipt and to contact me about my program and other departmental programs and events. I understand that this information is not shared with outside entities.)

Participant Last Name	First Name	Birthdate	M/F	Grade	Class Title	Activity #	Section Letter	Alternate Activity #	Alternate Section Letter	Fee	
Roster Notes: _____										Total Fees	\$

For Youth Leagues ONLY: Please indicate the school your child attends by circling the appropriate letter.

A. Barnard	E. Hill	I. Schroeder	M. Wattles	Q. Boulan	U. Troy High
B. Bemis	F. Leonard	J. Susick	N. Avondale Schools	R. Larson	W. Private School
C. Costello	G. Martell	K. Troy Union	O. Bhm/Blmfld Schools	S. Smith	
D. Hamilton	H. Morse	L. Wass	P. Baker	T. Athens High	

I hereby voluntarily release and hold harmless the City of Troy, City of Troy Contractors/Independent Contractors and the Troy School District from all liability for all types of damages or injuries, whether foreseeable or not, sustained by myself, my child and other family members while participating, watching and traveling to or from this activity. I/we also hereby authorize the City to reproduce, copy, exhibit, publish, broadcast or distribute my image or my child's image in any and all videotapes and photographs taken while participating, watching and traveling to or from the activity for promotional purposes.

Signature Required: _____ Date: _____

For Mail-In or Drop-Box registrations only-complete the payment box below

Payment (DO NOT SEND CASH): Check (Payable to City of Troy) Mastercard VISA

Card Number: _____ Exp. Date: _____ CVV _____

Name: _____ Authorizing Signature _____

(Please print as it appears on card)

Check here if you need an accommodation and you will be contacted by the ADA Coordinator.

