



# Participant Information Form

(Must be completely filled out and on file in the LEEP office before a participant can attend events in 2020.)

<h2 style="margin: 0;">General Information</h2>	<p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY:</b></p> <p><input type="checkbox"/> Membership Paid    <input type="checkbox"/> Yes for Photos</p> <p><input type="checkbox"/> Allergies _____</p> <p><input type="checkbox"/> Asthma Plan (attach)    <input type="checkbox"/> Fall Plan (attach)</p> <p><input type="checkbox"/> Seizure Plan (attach)    <input type="checkbox"/> Medical Device/s</p> <p><input type="checkbox"/> Other _____</p>
<p><b>Today's Date:</b> _____</p> <p><b>Name of Person Filling out Form:</b> _____</p>	
<p><b>Participant Information:</b>                      Birth Date: ____/____/____                      <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p>Last Name: _____ First Name: _____ Middle Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Employer: _____</p> <p>Hometown: _____ Home Phone: (____) _____ Cell Phone: (____) _____</p> <p>Email: _____</p> <p>Health Insurance Company: _____ Policy #: _____ ID#: _____</p> <p>Health Insurance Company: _____ Policy #: _____ ID#: _____</p>	
<p><b>Emergency Contact-Required (other than above):</b></p> <p>Name: _____ Primary Phone: (____) _____ Other Phone: (____) _____</p>	
<p><b>Who should LEEP contact regarding payments, behavior incidents, injuries, etc.? (please check one):</b></p> <p><input type="checkbox"/> Participant    <input type="checkbox"/> Guardian    <input type="checkbox"/> Residential Coordinator    <input type="checkbox"/> Emergency Contact    <input type="checkbox"/> Other _____</p>	
<p><b>Legal Guardian:</b></p> <p>Guardian Name: _____ Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____</p>	
<p><b>Living Situation (please check box):</b>    <i>Participants who do not live independently or semi-independently must be checked-in when dropped off for and checked-out when leaving from LEEP programming.</i></p> <p><input type="checkbox"/> Independent                      <input type="checkbox"/> Semi-independent (complete below)                      <input type="checkbox"/> Group Home (complete below)</p> <p><input type="checkbox"/> Parents' Home                      <input type="checkbox"/> Foster Home (complete below)                      <input type="checkbox"/> Other: _____</p> <p>Provider Name: _____ Residential Coordinator: _____</p> <p>Primary Phone: (____) _____ Cell Phone: (____) _____</p> <p>On-Call Phone: (____) _____ Email: _____</p>	

**Please complete form entirely along with signatures at end of form.**

## Medical Information and Diagnosis/es

**Medical Information/Diagnosis (please be specific and list all):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medications Prescribed (please be specific and list/attach all):**     Attached     Listed Below     None

Medication	Dosage	Times Per Day	Date Prescribed

*A list of all medications may be attached.*

**Medical/Health Concerns (if any boxes are checked “yes”, please comment):**

**Allergies**     Yes     No \_\_\_\_\_  
 \_\_\_\_\_

**Asthma**     Yes     No \_\_\_\_\_  
 \_\_\_\_\_

**Dietary Needs**     Yes     No \_\_\_\_\_  
 \_\_\_\_\_

**Falls**     Yes     No \_\_\_\_\_  
 \_\_\_\_\_

**\*Seizures\***     Yes     No    **Frequency:** \_\_\_\_\_    **Date of Last Seizure:** \_\_\_\_\_  
**Seizure Type/s:** \_\_\_\_\_  
**Known Seizure Triggers:** \_\_\_\_\_  
**Behaviors During Seizure/s:** \_\_\_\_\_

**Medical or Assistive Device/s**     Yes     No    **Please list device/s:** \_\_\_\_\_  
 \_\_\_\_\_

**Other Specific Medical Concerns**     Yes     No \_\_\_\_\_  
 \_\_\_\_\_

**\*Please note that LEEP does NOT have seizure rescue medication available. It is the responsibility of the LEEP participant/staff/guardian to have seizure rescue medication as needed at LEEP activities as emergency medical personnel do not carry it either. Please be advised, LEEP Staff will call 911 if a seizure lasts longer than 2 minutes.**

## Behavioral Information

**Behavioral Concerns (if any boxes are checked "yes", please comment):**

**Aggression**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

**Fears/Phobias**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

**Inappropriate Interactions With Others**     Yes     No (please be specific) \_\_\_\_\_  
\_\_\_\_\_

**Stealing**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

**Wanders From Group**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

**Other Behavior Concerns**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

## Life Skills Information

**Life Skills (if any boxes are checked "yes", please comment):**

**Participant can be left alone.**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

**Amount of time participant can be left alone:** \_\_\_\_\_

**Setting in which participant can be left alone:** \_\_\_\_\_

**Participant can leave LEEP group.**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

**\*Participant needs assistance with personal cares.\*** (toileting, personal hygiene, feeding, etc.)     Yes     No  
\_\_\_\_\_

**What is the participant's staffing ratio?** \_\_\_\_\_ :1     Not Sure \_\_\_\_\_  
\_\_\_\_\_

**Participant is able to transfer or move him/herself.**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

**Participant can manage his/her own money.**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

**Participant can keep track of time.**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

**Other Life Skills Information**     Yes     No \_\_\_\_\_  
\_\_\_\_\_

**\*Please note that LEEP does NOT provide personal care assistance/services. LEEP participants who need assistance with personal cares will be responsible for providing their own staff or guardian to accompany them at all LEEP events/activities/programs.**

## Communication Skills Information

**Communication and Comprehension (if any boxes are checked “yes”, please comment):**

**When given one- or two-step verbal directions, participant (check one):**

Always Understands    Sometimes Understands    Does Not Understand    Other \_\_\_\_\_

**Best way to communicate:**    Verbally    Using Pictures    Does Not Understand    Participant is Non-verbal

Other \_\_\_\_\_

## Other Information

**Substance Use (based on LEEP’s policies):**

**Participant can drink alcohol.**    Yes    No

**Type & Amount:** \_\_\_\_\_

**Participant can smoke cigarettes and/or use tobacco.**    Yes    No

**Type & Frequency:** \_\_\_\_\_

## Photo Release

**Photo Release (check one):**

\_\_\_\_\_ **Yes, I give**

\_\_\_\_\_ **\*No, I do not give\***

LEEP permission to use and distribute—both now and in the future—my image or voice in photographs, video, electronic/social media, and/or audio for publicity purposes and/or marketing collateral. This may include—but is not limited to—LEEP’s newsletter, website, social media, newspaper articles, Special Olympic publications, TV, etc.

***\*By selecting “no” I understand I will not appear in any group photos at LEEP events/activities/programs/vacations. I also understand I may be asked to step aside during photos taken by LEEP staff and/or volunteers to ensure my privacy. I also understand this photo release does not protect me during public events such as LEEP fundraisers, dances, LEEP Elegance, etc.***

## Participant Information Form Signature

**Signature Required:** The LEEP Participant Information Form must be completed before LEEP members are able to take part in LEEP activities including Special Olympics. I also have read (or had read to me) and understand the LEEP Participant Code of Conduct and LEEP Membership Policy. By signing, I agree that my Participant Information Form has been completed to the best of my knowledge and ability.

**Participant Name (please print):** \_\_\_\_\_  
First and Last Name

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

**Witness Name (please print):** \_\_\_\_\_  
First and Last Name

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

## LEEP Participant Code of Conduct | 2020

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LEEP prides itself in providing high quality recreation, sporting, and healthy living opportunities to enhance the lives of individuals with intellectual and developmental disabilities. The purpose of this Code of Conduct is to establish a high standard of participant behavior which will ensure the safety and well-being of all LEEP participants, volunteers, and staff. When representing or participating in LEEP programs, all participants will obey the Participant Code of Conduct as well as state and federal laws. This includes while being transported to and from a LEEP activity/event/program. A violation of this Code in any way by a participant will be assessed on a case-by-case basis, and a decision regarding participation in future LEEP programming will then be made.

### General Expectations

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- I will practice good and respectful behavior at all LEEP activities/events/programs.
- I will not borrow or share money or personal property.
- I will not use foul/abusive/obscene language (swearing) or gestures.
- I will not take anything that does not belong to me including other people's personal items & LEEP equipment.
- I will not alter myself or others (i.e. piercing, hair cutting/coloring, tattooing, etc.).
- I will not engage in any fighting (physically or verbally) with other participants, coaches, officials, volunteers, or staff from LEEP or any other team or organization.
- I will not drink alcohol, use illegal drugs, or take medications for which I do not have a prescription while representing LEEP. I will only smoke at designated times and areas as determined by LEEP staff and Special Olympics staff or officials (if applicable).
- I will not wear inappropriate or revealing clothing as determined by LEEP staff (i.e. low-cut shirts, crop tops, short shorts, items with explicit writing, etc.).
- I will not engage in inappropriate sexual behaviors or sexual harassment.
- I will not bring any harmful weapons or substances to any LEEP activity/event/program.

### Responsibility for My Actions

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I understand that it is a privilege to participate in LEEP activities/events/programs as well as Special Olympics and not a right. I also understand that if I do not obey this Code of Conduct and state and federal laws, LEEP or Special Olympics Minnesota may not allow me to participate. I also understand that Special Olympics Minnesota will run a background check on me and that I may be disqualified from participating in Special Olympics if there are any findings.

**LEEP participant should keep this for his/her records.**

## **Sports Practices and Competitions**

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- I will attend practices and competitions promptly and as often as I can.
- I will let my coach know if I will not be at a practice or competition as soon as possible. I will listen to my coaches and officials and ask questions when I do not understand.
- I will report all incidents and accidents that occur including injuries, health concerns, physical or verbal altercations.
- I will do my best during practices, divisioning and competitions. I will obey all laws and Special Olympics rules.

## **Disciplinary Actions for Not Following Participant Code of Conduct**

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The following progressive disciplinary actions may be taken by LEEP and are dependent on the nature of the incident. Area Coordinators and Heads of Delegations must involve Special Olympics Minnesota state office staff prior to suspension or release of participant. Please note that this is a basic guideline that LEEP will follow, however, each incident is reviewed on an individual basis.

**Action One:** Verbal warning given to the participant and Verbal Warning Form filled out and filed in LEEP office.

**Action Two:** Behavior Incident Report Form filled out and filed in LEEP office with notification of behavior to participant's parent/guardian/staff. Form will also be sent to parent/guardian/staff.

**Action Three:** Personal meeting with participant to review unacceptable behavior and develop a plan for improvement.

**If participant is under 18,** they will be accompanied by their parent/guardian or caseworker.

**If participant is over 18,** a third person selected by the participant will attend the meeting. The meeting will be documented in writing and copies distributed to the participant, parent/guardian/staff, the LEEP office, as well as the Special Olympics state office (if needed).

**Action Four:** Suspension or expulsion from activities/events/programs, including practices or competitions for Special Olympics, during the specific sports season or competition year. The action will be documented in writing and copies will be distributed to the participant, parent/guardian/staff, the LEEP office, as well as the Special Olympics state office (if needed).

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**This Participant Code of Conduct has been made in LEEP participants' best interests to make LEEP programming successful, safe, and enjoyable for everyone. LEEP's goal is to ensure that each participant is able to participate and/or compete in a safe and welcoming environment. Thank you for your cooperation.**

**LEEP participant should keep this for his/her records.**

## LEEP GENERAL INFORMATION AND MEMBERSHIP POLICIES



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### BACKGROUND INFORMATION:

Leisure Education for Exceptional People, Inc. (LEEP) enriches the lives of individuals with developmental and intellectual disabilities by providing inclusive recreation, sporting, and healthy living opportunities. Since 1978, LEEP has offered a variety of activities/events/programs to meet the needs of its participants. The following is a list of categories under which numerous activities/events/programs are offered: Special Olympics, night activities, clubs, LEEP leagues, special events, and excursions.

#### Membership and Forms:

To participate in any of LEEP's activities/events/programs, all individuals are asked to pay a small yearly membership fee (January-December for everyone) and complete a LEEP Participant Information Form each calendar year that will be kept on file. This form provides LEEP with helpful background information on each participant as well as basic medical information and emergency contact information. **Every member will be asked to fill it out each calendar year to ensure that the information is current.** Please fill this form out completely and return to LEEP. Should any information listed change (i.e. address, primary staff/guardian, health information, etc.), LEEP asks that participants be sure to let the LEEP office know. To obtain a copy of the LEEP Participant Information Form, please call or stop by LEEP or find it on the website at [www.mankatoleep.org](http://www.mankatoleep.org).

If the first LEEP activity one participates in is in July, for example, then the full annual membership fee must be paid prior to registering for and participating in that activity in July.

#### Program Registration:

Once all necessary forms are completed and the current year membership has been paid, registering for programs is easy. All paid members will receive a monthly paper newsletter, which lists all the activities/events/programs available at that time. Newsletters and a monthly calendar are also available online at [www.mankatoleep.org](http://www.mankatoleep.org).

**ALL LEEP activities/events/programs require prior registration. Payment is also preferred prior to the activity/event/program. Walk-ins/drop-ins are not allowed and participants will likely be asked to leave.**

#### Options for Registration:

- Call 507-387-5122
- Mail registration form to LEEP (929 N. 4<sup>th</sup> St.; Mankato, MN 56001) from monthly newsletter with payment
- Email registration to [info@mankatoleep.org](mailto:info@mankatoleep.org)
- Visit LEEP office in person

LEEP will ask for some basic information such as name, address, phone number and if transportation is needed (if applicable). Participants are welcome to leave their registration on LEEP's voicemail (507-387-5122) if no one

## **LEEP participant should keep this for his/her records.**

answers the phone. LEEP will call back to confirm registrations during regular business hours, which are Monday – Friday from 8:30 a.m. – 4:30 p.m.

### **No Waiting List:**

Some programs do fill quickly so LEEP suggests registering as soon as possible. If a program is full, LEEP staff will no longer be keeping waiting lists for activities/events/programs.

### **Special Olympics Participation:**

To participate in Special Olympics sports athletes must complete an Athlete Application for Participation. All sections must be completed and signed. The form also requires a medical physical and a doctor's signature. Forms will not be accepted if not fully completed. Once completed, the application must be turned into the LEEP office in a timely way and LEEP will submit the form to Special Olympics Minnesota. This application does not guarantee participation in Special Olympics sports until official word is received from Special Olympics Minnesota.

Forms must be updated every three years to continue participation in Special Olympics. Athletes will not be allowed to participate in Special Olympics practices or tournaments without a current application on file.

Special Olympics Minnesota also runs a background check on all athletes and volunteers to ensure the safety of all participants.

### **Form of Payments Accepted:**

LEEP accepts cash, checks, and credit/debit cards for payment. Credit/debit card payments will incur a minimal convenience fee and must be processed in the LEEP office during regular business hours, which are Monday – Friday from 8:30 a.m. – 4:30 p.m. **Credit/debit card convenience fees are not refundable even if the participant cancels in a timely way.**

### **Activity/Event/Program Payments:**

Participants pay a small fee for activities/events/programs, however LEEP does subsidize some of the expense. Program fees must be paid in full for each program before or on the date of event. Payments may be mailed in advance to LEEP or brought in person to the activity/event/program. Receipts will be provided upon request. No pre-payment will be accepted for unpublished activities/events/programs.

### **Financial Help:**

#### Scholarships:

LEEP recognizes that participants look forward to their favorite activity/event/program, but sometimes financial resources are limited. Individuals may come into the LEEP office and fill out a short scholarship form before the event and get up to 50% of their costs covered for an activity/event/program. This can be used for special events, night activities, clubs, and Special Olympics sports. Scholarships do not cover transportation at this time. Applications can also be found online at [www.mankatoleep.org](http://www.mankatoleep.org). All scholarships are given at the discretion of the Executive Director. Scholarships are limited per event. **Please Note: Scholarships may not be used for LEEP membership dues or excursions and cannot be used to pay for an outstanding balance on a participant's account.**



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Financial Difficulties:

If a LEEP participant finds him/herself in a difficult financial situation, please call the LEEP office and the LEEP staff will work to assist with financial arrangements. Payment plans can be established in a timely way if needed.

**Participant Cancellations:**

**If a participant is registered for an activity/event/program and cannot attend, they must call the LEEP office at (507) 387-5122 to cancel.**

**Night Activities**—no less than 24 hours in advance for night activities

**Special Events**—by 12:00 noon on Thursday for special events.

**If a participant does not cancel in the time frame described above for an activity/event/program, s/he will be charged for and expected to pay the full amount.**

**FOR LEEP ACTIVITY/EVENT/PROGRAM CANCELLATIONS CALL 507-387-9996**

**LEEP Cancellation Policy:**

Decisions regarding program cancellations will typically be decided by 2:00 p.m. on the date of scheduled event or 2 hours prior to practice for Special Olympics cancellations. Please call the LEEP cancellation line at 507-387-9996 and listen to the recorded message to learn whether or not an activity/event/program will be held. **PLEASE NOTE: Voice messages left at this number will not be checked or returned.**

LEEP follows Mankato Area Public Schools' winter weather policy and will automatically close if school is cancelled due to weather. When possible, LEEP staff/volunteers will try to call registered participants to notify them of a cancellation in advance. Cancellation notices may also be posted on LEEP's social media accounts.

**LEEP Cancellation Refund Policy:**

If LEEP cancels an activity/event/program for any reason, registered participants who have paid will receive a credit in their account. LEEP asks that participants use the credit for other LEEP activities/events/programs in a timely way.

**Special Event Late Fee:**

**A \$5 late fee** will be assessed for special events that are not paid by the date that the activity takes place or starts.

**A monthly finance charge of \$5** will be assessed on accounts with an outstanding balance. A hold will also be placed on the participant's LEEP account until the past due amount is paid. Participants will not be able to register for any LEEP activities/events/programs until their balance is paid. Participants who have accounts that are paid or are on a pre-arranged payment plan will not receive a monthly service charge. LEEP encourages participants/guardians/staff to reach out and set up a payment plan when there is an outstanding balance.

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**Credit/Debit Card Convenience Fee:**

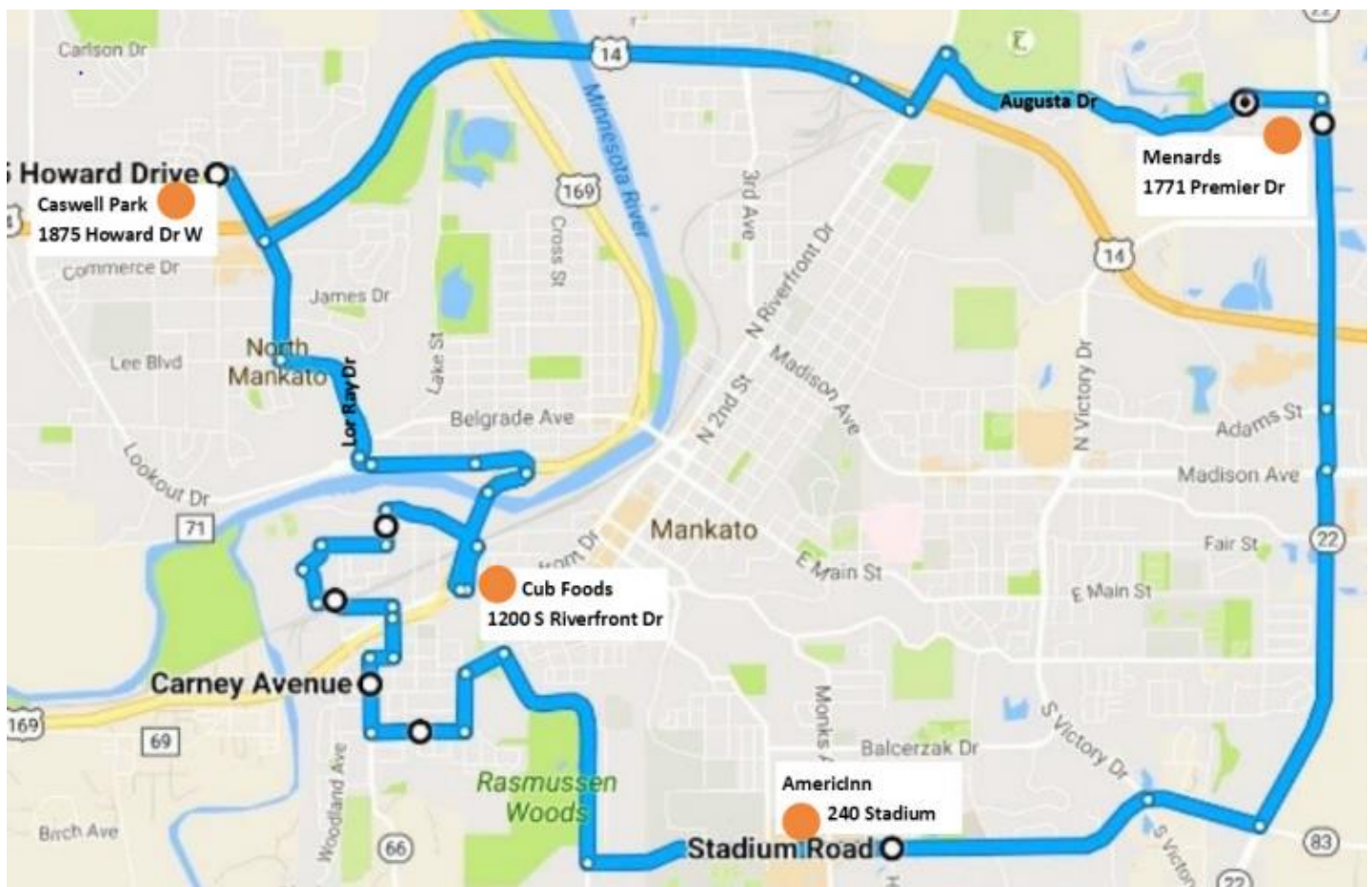
Credit/debit card payments will incur a minimal convenience fee and must be processed in the LEEP office during regular business hours, which are Monday – Friday from 8:30 a.m. – 4:30 p.m. **Credit/debit card convenience fees are not refundable.**

**Returned Check Fee:**

If a check is returned by your financial institution for any reason, a \$25 charge will be assessed. LEEP reserves the right not to accept a check for payment from anyone who has previously had a returned check for any reason. Checks returned for any reason and not paid in full within 14 days of notification may result in further action being taken by LEEP. A participant will not be able to register for any LEEP activities/events/programs until the returned check is resolved.

**Transportation Policy:**

Pick-up/drop-off transportation for designated events is offered for a small fee to participants living within the area outlined in blue on the map. Participants that wish to use LEEP’s transportation services but live outside of the designated area should contact LEEP to learn the location of the designated stop closest to them. The address provided by participants at the time of registration will be the only pick-up and drop-off location used for the duration of the club, league, or Special Olympics season. LEEP staff will wait no longer than 5 minutes at each stop. LEEP is unable to accommodate any changes to pick-up/drop-off locations or times.



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**Assistance with Medication/s:**

All medications that LEEP staff must hold during activities/events/programs should be prepackaged in individual envelopes with detailed directions and handed directly to LEEP staff. A “Consent to Dispense Form” must be completed and signed by staff/guardian for each individual participant. LEEP staff are not certified to administer medication, but LEEP staff may dispense individually prepackaged prescription and over-the-counter medications.

Participants should have a plan on file with LEEP so LEEP staff know what steps to take for those with known medical conditions that require emergency treatments. LEEP is not able to administer seizure rescue medications, administer epipens/auto-injectors, or use any medical devices necessary for treatment during a medical emergency. The emergency treatment prescribed for participants should always be with the participant at activities/events/programs so that first responders are able to treat the participant in a timely way.

Any questions about medications should be asked well before participation in LEEP activities/events/programs to ensure that the proper plan is in place should the participant experience a medical emergency.

**Participant Supervision:**

LEEP is not responsible for supervision of participants before or after designated program start and end times. **Parents/guardians/staff should note that it is their responsibility to ALWAYS check participants in with LEEP staff as well as to pick up participants at the scheduled end of the activity/event/program.**

Parents/guardians/staff must be available to be contacted at any time during an activity/event/program for emergency purposes.

At any time, if LEEP staff feel they cannot provide safe, appropriate supervision during a program, LEEP reserves the right to contact parents/guardians/staff and require them to pick up the participant from an activity/event/program. If there are ongoing concerns, LEEP may require that the participant have a parent/guardian/staff accompany him/her to future activities/events/programs.

LEEP is not a primary care giving organization. LEEP staff are not trained in the areas of personal cares, behavior management, physical interventions (holds), or medication administration. LEEP participants who have needs in these areas are required to have a parent/guardian/staff present at activities/events/programs to ensure their individual needs are met. Personal care tasks include but are not limited to: assistance with toileting, personal hygiene, feeding, cleaning/bathing, dressing, etc. If LEEP recognizes a change in a participants’ needs over time, LEEP staff will reach out to parents/guardians/staff to have a conversation about their observations and how best to meet the needs of the participants in the future.

LEEP may require any participant who has had a history of physical aggression or inappropriate sexual conduct to be accompanied by a parent/guardian/staff to all LEEP events.

**The LEEP Board of Directors and/or the Executive Director reserve the right to review each LEEP participants’ needs on an individual and ongoing basis to determine the appropriate supervision needed to ensure the safety, wellbeing, and enjoyment of all LEEP participants.**

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### **LEEP Participants Who Need Physical Assistance:**

If LEEP participants need physical assistance to safely participate in LEEP activities/events/programs, they need to bring a parent/guardian/staff to assist them. LEEP is not able to lift, position, or transfer participants; provide significant assistance to participants getting in or out of the LEEP van or other means of transportation; or regularly assist those with significant balance issues whether or not they use assistive equipment (wheelchairs, cane, crutches, hand crutches, walker, etc.).

### **Assistance with Spending Money:**

LEEP offers participants optional oversight of their spending money. LEEP requires participants who need assistance with money management to turn in all funds and the Spending Assistance Form to LEEP staff at program check-in. The form will help LEEP staff to document and track expenditures of the participant and funds will be placed in an individual envelope with the participant's name. This form is available at LEEP.

LEEP Staff will not assume responsibility of a participant's money unless the form is completed and signed. Participants may choose to handle their own money independently without any assistance from LEEP staff.

### **Excursions:**

#### Deposits:

LEEP will only accept deposits for an upcoming LEEP excursion that has been published. All excursions will require a deposit to hold a participant's spot. An excursion spot will not be held without a deposit. Deposit amounts vary based on planned excursion locations and the overall cost.

#### Full Payments:

The full excursion fee must be received by the final payment date listed for each excursion. **A \$50 late fee will be assessed for any payments not received prior to the final payment date. Participants who have not paid for their excursion will not be allowed to travel with LEEP.**

#### Participant Cancellations:

**If a participant chooses not to go on the excursion s/he originally signed up for and cancels before the final payment due date, s/he will receive his/her deposit back, less a 20% administrative fee. Deposits and/or full payments will not be refunded after the final payment due date has passed.**

#### LEEP Cancellations:

If LEEP cancels an excursion for any reason, participants will be offered other excursion opportunities when available. If no excursion is taken, LEEP will reimburse the amount a participant has paid **minus credit/debit card convenience fees. Credit/debit card convenience fees are not refundable. Any purchase of trip insurance through a travel agency or LEEP will also not be reimbursed.**

### **Participants Prepared to Participate:**

LEEP requires that participants are properly prepared and dressed to participate in LEEP activities/events/programs. Participants should be dressed appropriately for the anticipated weather and have any other items they need to help keep them safe and healthy. In winter participants should be dressed in a winter jacket in addition to wearing winter boots, a scarf, mittens/gloves, a hat/earmuffs, etc. During summer and warmer,

***LEEP participant should keep this for his/her records.***

more humid months participants should be dressed in cooler clothes (shorts, t-shirts, etc.) or light-weight clothing that blocks the sun; and have a hat, sunglasses, sunscreen, insect repellent, etc. as needed. Layering of clothing is a good idea, especially during activities/events/programs that last for several hours or more, as well as when participants are on LEEP excursions. When possible, LEEP participants should bring water bottles filled only with water and labeled with their names to help them to stay hydrated at all times.

**LEEP staff members reserve the right to send participants home without participating in the activity/event/program if they are not properly prepared or dressed for the activity/event/ program and/or the anticipated weather.**

**Policy Enforcement:**

By signing and witnessing the signing of the Participant Information Form annually, LEEP participants and parents/guardians/staff agree to follow the LEEP Participant Code of Conduct and all membership policies listed above. The Executive Director will have discretion to interpret the policies and make final determinations in unique situations that may arise.