

# LEEP Membership Form - 2026

(Must be completely filled out and on file in the LEEP office with requested documents before a participant can attend events in 2026.)

General Information	
<p><b>Today's Date:</b> _____</p> <p><b>Name of Person Filling out Form:</b> _____</p> <p><b>Individual's Dated Photo (Headshot):</b>    <input type="checkbox"/> Attached    <input type="checkbox"/> Will mail or email            (info@mankatoleep.org or 1315 Stadium Rd, Ste 101/Mankato, MN 56001)</p> <p><input type="checkbox"/> <b>Returning Member</b>    <input type="checkbox"/> <b>New Member</b>    <input type="checkbox"/> <b>Not Sure</b></p>	<p><b>OFFICE USE ONLY</b>    <input type="checkbox"/> Scanned</p> <p><input type="checkbox"/> Yes for Photos    <input type="checkbox"/> Photo Attached</p> <p><input type="checkbox"/> Membership ACH info _____</p> <p><input type="checkbox"/> Membership Form</p> <p><input type="checkbox"/> Allergies _____</p> <p><input type="checkbox"/> Allergy   Asthma   Fall   Seizure Plan (attach)</p> <p><input type="checkbox"/> Medical Device/s _____</p> <p><input type="checkbox"/> Other _____</p>
<p><b>Member Information:</b> Birth Date: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other T-shirt Size: _____</p> <p>Last Name: _____ First Name: _____ Middle Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Employer: _____</p> <p>Housing Agency Name (if applicable): _____ House Number: _____</p> <p>Hometown: _____ Home Phone: (____) _____ Cell Phone: (____) _____</p> <p>Email: _____ <input type="checkbox"/> Please attach copy of Health Insurance Card/s</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>Email: _____</p>	
<p><b>Legal Guardian:</b>    <input type="checkbox"/> Self (if self, information below not needed)</p> <p>Guardian Name: _____ Relationship: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____</p> <p>E-mail: _____</p>	
<p><b>Who should LEEP contact regarding 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>Who should LEEP contact regarding payments?</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>Living Situation (please check box):</b> <span style="color: red;">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.</span></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.**

## Diagnosis/es and Medical Information

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

\_\_\_\_\_

\_\_\_\_\_

**Participant has had Covid-19 Vaccination(s)/Boosters** ☐ Yes ☐ No ☐ Choose not to answer

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

Medication	Dosage	Times Per Day	Date Prescribed

*A list of all current medications may be attached.*

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

**Special Dietary Needs** ☐ Yes ☐ No \_\_\_\_\_

**Allergies** ☐ Yes ☐ No ☐ No Plan ☐ Allergy Plan Attached \_\_\_\_\_

**Asthma** ☐ Yes ☐ No ☐ No Plan ☐ Asthma Plan Attached \_\_\_\_\_

**Falls** ☐ Yes ☐ No ☐ No Plan ☐ Fall Prevention Plan Attached \_\_\_\_\_

**\*Seizures\*** ☐ Yes ☐ No ☐ No Plan ☐ Seizure Plan Attached **Date of Last Seizure:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Seizure Type/s:** \_\_\_\_\_

**Known Seizure Triggers:** \_\_\_\_\_

**Behaviors During Seizure/s:** \_\_\_\_\_

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

**Mobility** ☐ Can walk without assistance ☐ Uses walker or cane ☐ Uses wheelchair ☐ Other \_\_\_\_\_

**Other Specific Medical Concerns (attach relevant information as necessary):** \_\_\_\_\_

**\*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 always carry it. 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/companion/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, use vapes, and/or use other tobacco products.**   ☐ Yes   ☐ No

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

**General Interests:**   ☐ Special Olympics   ☐ Bingo   ☐ Karaoke   ☐ Sporting Events   ☐ Dinner & Movie   ☐ Crafts

☐ Trivia   ☐ Game Night   ☐ Other \_\_\_\_\_

## 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. 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 apply during public events such as LEEP fundraisers, dances, LEEP Elegance, etc.**

## Membership Form Signature

**Signature Required:** The LEEP Membership 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 Membership 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 | 2026**

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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 in the Greater Mankato Area. The purpose of this Code of Conduct is to establish an acceptable 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 follow the Participant Code of Conduct as well as local, 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 and communicated.

### **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 and LEEP supplies, equipment, and other property.
- I will not alter myself or others (i.e. piercing, hair cutting, hair coloring, tattooing, etc.).
- I will not engage in any fighting (physically or verbally) with other participants, coaches, officials, volunteers, or staff from LEEP or individuals from 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. Tobacco (smoking, vaping, chewing, etc.) use is not allowed at LEEP, Mankato Youth Place (MY Place), or any other facility while LEEP is holding an activity/event/program. I will only smoke/vape/chew 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 or skirts, 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 local, state, and federal laws, LEEP or Special Olympics Minnesota (SOMN) may not allow me to participate. I also understand that SOMN will run a background check on me and that I may be disqualified from participating in Special Olympics if there are any findings. SOMN is a separate organization with policies and procedures separate from LEEP. **LEEP is not able to change or override SOMN decisions about the participation of individuals.**

## **Special Olympics and LEEP League Practices and Competitions**

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### **Special Olympics Participation:**

To participate in Special Olympics sports athletes must complete an Athlete Application for Participation. All sections must be completed and signed. **This application must be submitted ANNUALLY by every athlete moving forward. A formal medical physical by a medical provider is no longer required for participation.** 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 SOMN. This application does not guarantee participation in Special Olympics sports until official word is received from Special Olympics Minnesota.

Forms must be updated **EVERY YEAR** to continue participation in Special Olympics. Per SOMN rules, athletes will not be allowed to participate in Special Olympics practices or competitions without a current application on file.

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

**As of December 2021, Special Olympics Minnesota is requiring all delegations, including LEEP, to collect information about Covid-19 vaccination status before athletes can participate.** It is not a requirement to respond, however if someone does not respond or chooses not to share their vaccination status, they will be considered unvaccinated for planning purposes by Special Olympics Minnesota. At this time, Covid-19 vaccinations **ARE NOT REQUIRED** by Special Olympics Minnesota or LEEP in order for athletes to be able to participate.

As a Special Olympics and/or LEEP League athlete I agree that:

- 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 follow 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 the 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 Minnesota 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 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 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, LEEP leagues, night activities, and special events.

### **NEW—Membership and Forms:**

To participate in any of LEEP's activities/events/programs, all individuals are asked to pay a monthly membership fee of \$20 (January-December for everyone), paid via Automated Clearing House (ACH), and complete a LEEP Membership 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 as soon as possible. To obtain a copy of the LEEP Membership Form, please call or stop by LEEP or find it on the website at [www.mankatoleep.org](http://www.mankatoleep.org).

### **Program Registration:**

Once all necessary forms are completed and the ACH form has been completed for membership payments, registering for programs is easy. **ALL LEEP activities/events/programs require prior registration.** For those activities/events/programs that require additional payment, payment should be made prior to the activity/event/program. **Walk-ins/drop-ins are not allowed and participants will likely be asked to leave.**

All paid members will receive paper newsletters in the mail, which list all the activities/events/programs available at that time. Newsletters are also available online at [www.mankatoleep.org](http://www.mankatoleep.org). LEEP asks that members call the LEEP office at 507-387-5122 to register first to ensure there are openings available. A secure mailbox/dropbox behind Mankato Youth Place (south side of building along entry driveway) where LEEP's offices are located can be used for registration forms outside of weekday office hours. The U.S. Postal Service may be used, however it has not been timely or reliable recently and no guarantees can be made related to mailed registrations or payments.

### **Options for Registration:**

- Call 507-387-5122 to make sure there are still openings for the desired activity(ies)/event(s)/program(s)
- Visit LEEP office in person
- Email registration to [info@mankatoleep.org](mailto:info@mankatoleep.org)
- Mail registration form from monthly newsletter to LEEP (1315 Stadium Rd, Ste 101; Mankato, MN 56001)

**PLEASE NOTE** that the U.S. Postal Service has not been very timely, so to register please call, email, or stop by first to reserve your space. If you don't call, email, or stop by and your registration is delayed in the mail, some activities may be full and you will not be registered for those activities.



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LEEP will ask for some basic information such as name, address, phone number and if transportation is needed (when applicable). Participants are welcome to leave ONE clear voicemail with their registration on LEEP's voicemail (507-387-5122, option 1) if no one answers the phone. LEEP will call back to confirm registrations during regular business hours, which are Monday – Friday from 9:00 a.m. – 4:30 p.m.

### No Waiting List:

LEEP staff does not keep a waiting list, so when programs are full, additional participants will not be able to attend. Some programs do fill quickly so LEEP suggests registering by any of the methods above as soon as possible after the newsletter with calendar is received.

### NEW—Form of Payments Accepted:

In an effort for LEEP to be more affordable, more efficient and to increase participation, LEEP memberships will be done differently starting in 2026. Each participant is asked to pay a \$20/month membership that will automatically be deducted from a checking or savings account of their choice (ACH forms are available online or in the LEEP office). Memberships will include MOST night activities and special events, however there will still be charges for a limited number of events/activities (e.g. LEEP Elegance). **Registration will still be REQUIRED for ALL activities/events/sports.** More information will be forthcoming.

This will make it easier for participants to budget on a month-to-month basis. Please note there will be a maximum of one free ACH change per year. Each additional change will incur a fee of \$50. Checks and cash will no longer be accepted on a regular basis for membership.

Participants are encouraged to contact LEEP immediately if his/her banking information has changed.

### NEW—Activity/Event/Program Payments:

For those activities/events/programs for which additional payments are required (e.g. LEEP Elegance), LEEP will accept cash, checks, and credit/debit cards for payment. If there is an activity/event/program cost, the fee must be paid in full before the date of activity/event/program. 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 that have an additional cost.

Credit/debit card payments will incur a minimal non-refundable convenience fee and may be processed over the phone or in the LEEP office during regular business hours, which are Monday – Friday from 9:00 a.m. – 4:30 p.m. **Credit/debit card convenience fees are not refundable even if the participant cancels in a timely way.**

### 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 starting or renewing their membership. They may also request a scholarship based on their need for activities/events/programs that have an additional cost before it happens. The amount of scholarship for a

## **LEEP PARTICIPANT'S COPY**

membership or activity/event/program will be determined on a case-by-case situation. **Scholarships cannot be used to pay for an existing/outstanding/overdue balance on a participant's account.** 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.

**Please Note: LEEP membership is required to apply for and receive scholarships.**

### Financial Difficulties:

If a LEEP participant finds him/herself in a changed and/or difficult financial situation, please call the LEEP office and the LEEP executive director will work to assist with financial arrangements, including potentially changing the monthly membership cost. Payment plans for previous balances can also 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. A voicemail can be left by pressing the number 1 (one) during the voicemail message.**

If a participant does not cancel in the time frame described below for an activity/event/program, they are taking the place of someone else who could have attended. After three (3) no-shows, s/he may be asked to wait to register for a month in order to ensure that there is room for others who do attend. LEEP staff have the right to do this, with the executive director having the final discretion.

**Night Activities**—no less than 24 hours in advance

**Special Events**—by 12:00 noon the day before the special event

**FOR LEEP ACTIVITY/EVENT/PROGRAM CANCELLATION UPDATES CALL 507-387-5122 (option 3)**

### **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 507-387-5122 (option 3) 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 Credit/Refund Policy:**

If LEEP cancels an activity/event/program for any reason, registered participants who have paid will receive a credit in their LEEP account. LEEP asks that participants use the credit for other LEEP activities/events/programs in a timely way. A refund will be issued only after a participant or their parent/guardian/staff requests one.

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**LEEP may assess a monthly finance charge of \$5** 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 may 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 proactively reach out and set up an individualized payment plan when there is an existing/outstanding/overdue balance.

### **Credit/Debit Card Convenience Fee:**

Credit/debit card payments will incur a minimal non-refundable convenience fee and can be processed over the phone or in the LEEP office during regular business hours, which are Monday – Friday from 9:00 a.m. – 4:30 p.m. We strongly suggest calling before coming to the LEEP office to ensure that LEEP staff are present and available to assist. **Credit/debit card convenience fees are not refundable under any circumstance.**

### **Returned Check Fee:**

If a check is returned by a financial institution for any reason, a \$50 charge will be assessed to that individual's account. 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 situation is resolved.

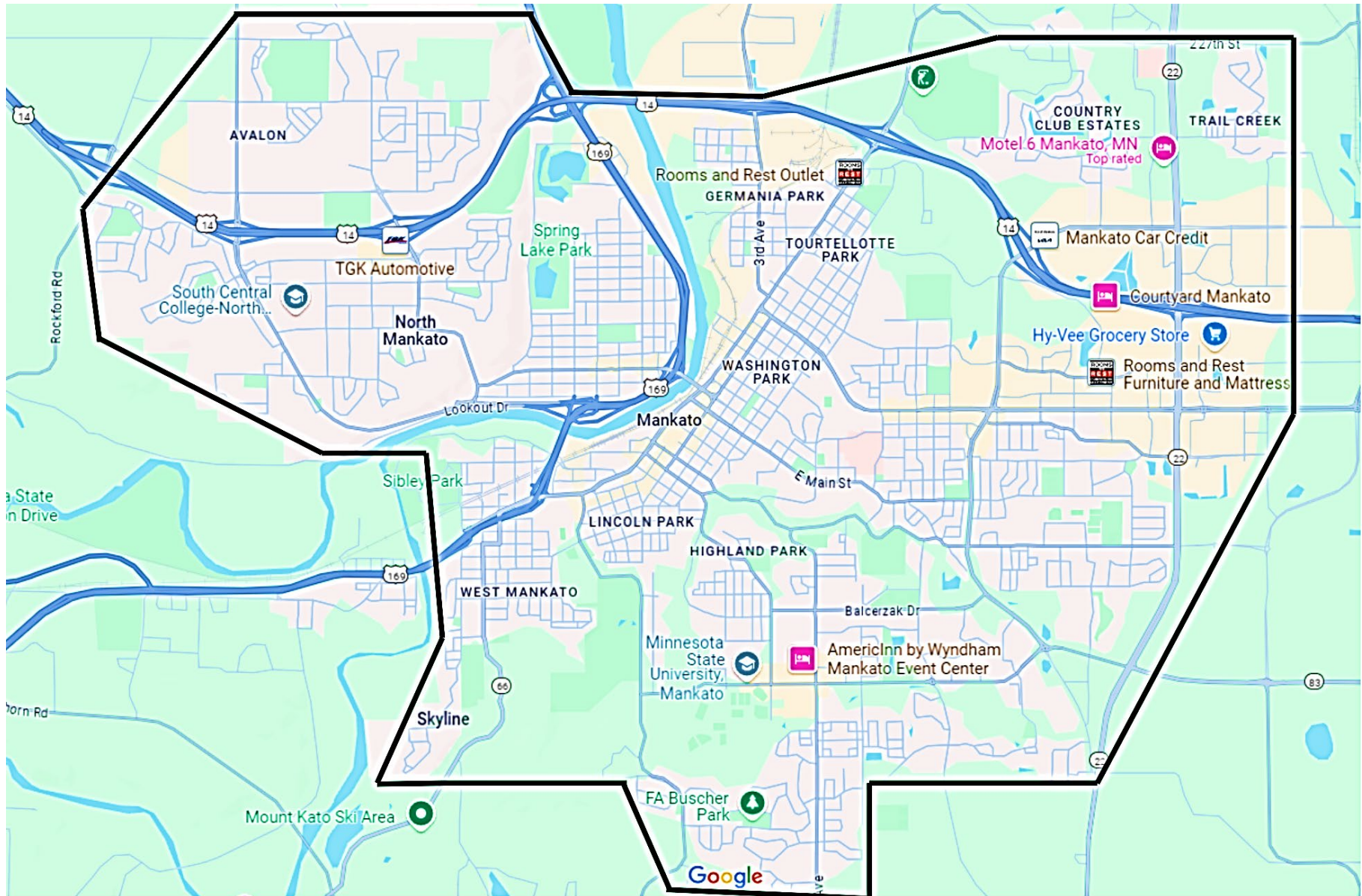
### **Transportation Policy:**

Pick-up/drop-off transportation for designated sports and events is offered for a small fee to participants living within the area outlined in black on the map on the next page. Generally, 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 activity/event/sport. LEEP is unable to accommodate any changes to pick-up/drop-off locations or times as the transportation schedules are created based on this information and changing something would likely change the entire pick-up/drop-off schedule for all participants. LEEP staff will wait no longer than 5 minutes at each stop.

If participants need 1-on-1 assistance, LEEP is not currently able to accommodate staff/companions in the LEEP van due to limited space. Participants and staff/companions are welcome to meet LEEP at the activity/event/program location and participate in the event with the other participants and LEEP staff. Participants must still register with LEEP prior to the activity/event/program. Those planning on this arrangement should share this with LEEP staff when registering for such events.

# LEEP Transportation Map

LEEP provides transportation to/from select activities/events/programs/sports within the boundaries of the area identified below.





**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 and labeled prescription/s and over-the-counter medication/s.

Participants should have a plan (e.g. allergy, seizure, fall, etc.) 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.

Please note that should a medical emergency occur, LEEP staff and volunteers will share pertinent medical information from the participant's Membership Form with first responders as needed.

**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.**

**The drop-off and pick-up of participants should always be done in a timely manner!** Drop-offs should not happen prior to 15 minutes before the scheduled activity/event/program or the scheduled departure for an activity/event/program. Pick-ups should be prompt based on published activity/event/program end times. Should things change, LEEP staff will do the best it can to notify staff/caregivers of changes.

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,

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LEEP staff will reach out to parents/guardians/staff to have a conversation about their observations and how best to proceed in order to meet the needs of the participant in the future, while enabling them to continue their participation in LEEP activities/events/programs.

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. This may result in an arrangement that is different from what is in a participant's plan.**

### **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 (wheelchair, cane, crutches, hand crutches, walker, etc.).

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

Participants may choose to handle their own money independently without any assistance from LEEP staff.

LEEP offers participants optional oversight of/assistance with 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 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, 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.

LEEP participants are asked to dress appropriately at all times. Please NO low-cut shirts, tank tops or tube tops; short shorts/skirts; explicit or derogatory writing on clothing, etc. The appropriateness of clothing will be determined by LEEP staff.

LEEP staff are also expected to follow the dress code listed above.

## LEEP PARTICIPANT'S COPY

When possible, LEEP participants should bring water bottles that close tightly filled only with water and labeled with their names to help them to stay hydrated at all times. PLEASE NO STANLEY® OR OTHER MUGS/CUPS WITH STRAWS OR TOPS/OPENINGS THAT DO NOT SEAL!

**LEEP participants should NOT bring food, candy, beverages, gifts, or any other items to LEEP activities/events/programs for other participants or LEEP staff.** LEEP staff may ask participants to leave if they bring any items to other participants.

**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. In this situation the participant's account may not be credited/refunded.**

### **NEW (Oct. 2025)—Service Animals and Therapy Animals/Pets Policy**

**Certified service animals are permitted to be in attendance at LEEP activities/events/programs with prior approval from the executive director. However, all other animals, including emotional support animals and pets, are NOT allowed at LEEP activities/events/programs.** LEEP acknowledges and appreciates the value that emotional support animals and pets bring to individuals, but this policy prioritizes the health and safety of all individuals who are attending LEEP activities/events/programs.

LEEP staff members will ask individuals who bring therapy animals or pets to LEEP activities/events/programs to take the therapy animal or pet home immediately. If no prior permission is given, LEEP staff members may also ask individuals with a service animal to take the service animal home until the executive director is able to receive and review service animal certification documentation.

**Service Animals** Under the Americans with Disabilities Act (ADA), a service animal is typically a dog (or in some cases, a miniature horse) that is individually trained to perform specific tasks directly related to a person's disability.

### **Legal Protections:**

- **ADA:** Grants full public access rights. Service animals can accompany their handlers in restaurants, stores, schools, hospitals, and public transportation—even where pets are normally prohibited.

### **Training Requirements:**

- Must be trained to perform tasks such as guiding the blind, alerting to seizures, retrieving items, or calming someone with PTSD
- LEEP requests that service animals brought to LEEP be certified and trained to behave appropriately in public.

### **Therapy Animals and Pets**

Therapy animals are typically pets that provide comfort and emotional support to many people in their homes as well as in settings such as hospitals, schools, and nursing homes. They are not trained to assist a specific individual with a disability.

**Legal Protections:**

- **There are no federal public access rights.** Therapy animals can only go where they are **invited** (e.g., through a hospital or school program).
- Not covered under other federal laws.

**Training Requirements:**

- Must be well-behaved, friendly, and enjoy interacting with people.
- Often registered through organizations like Pet Partners, which provide training and insurance for handlers.
- Not trained to perform disability-related tasks.

**Policy Enforcement:**

By signing and having a witness also sign the LEEP Membership Form, 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.