

Therapeutic Recreation for the Disabled Inc.

2051 Timberman Road, Hamilton, Ohio 45013

Join In The Summer Time Fun!

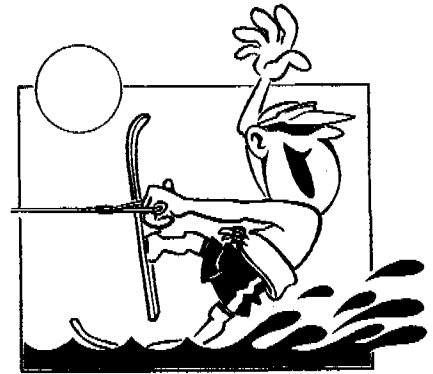
Annual River Outing New Location - Hamilton Boat Club!

**Reigert Road in Hamilton, Ohio
next to Rentschler Forest Preserve**

Sunday, July 19, 2009

Time: 9:00 AM - 1:00 PM

Lunch will be provided.



This fun-filled event for teens and adults (16 years or older) starts at 9:00 AM. Come join us for this summer time fun on the river at a **new location, the Hamilton Boat Club, 5700 Reigart Road in Hamilton, Ohio 45011 (in Fairfield Township) next to Rentschler Forest Preserve.**

Cost is \$10.00 per person.
RSVP to Jim Popp at 856-9977
no later than July 15th - Space is limited

To confirm your reservation send your \$10.00 fee to:

Jim Popp
20 Dayspring Dr.
Hamilton, OH 45015

Checks should be made payable to: "Therapeutic Recreation"

Fairfield Optimist's Fishing Derby & Picnic August 8, 2009



This is the day the Fairfield Optimist's Club will hold their annual Fishing Derby and Picnic. All persons with developmental disabilities, their families and friends are welcome!

The Fairfield Optimists will host this special event at their Club facility,
194 Forest Lake Lane (adjacent to Joyce Park) **from noon to 3:00 PM.**

There is no charge for this event, but we ask that you call and let us know how many will be coming so we can plan for food. Please call Sandy at 474-2488 or Connie at 867-5923 by July 6th to make your reservation.

All About Golf!

Spring & Summer Golf

Come out and play and learn the life time sport of golf. This is a great way for a parent and child to spend the afternoon together.

The golf program meets on Sundays to play nine holes of golf at **Fairfield Greens** (North Trace) on Augusta Blvd. off Resor Road in Fairfield, Ohio

Time: 4:00 - 6:00 PM
Dates: May 17, 24, 31
June 7, 14, 21, 28
and July 5



For more information call
Joe O'Grady at 829-0367

Unified Golf Tournament



The tentative date for the unified golf tournament will be August 3, 2009 at Pleasant Hills Golf Course in Monroe.

Athlete must have a partner to compete and a medical on file. Practice sessions will be scheduled sometime in July.

Contact Susan Mayberry for more information
1-513-393-5937 or 771-4800 ext. 6238

Even the Score Golf Outing

The Butler County ARC will be hosting the annual "Even the Score Golf Outing", on Monday, September 28, 2009 at the Weather Wax Golf Course in Middletown, Ohio.

The proceeds for the outing are used for scholarships for individuals with development disabilities to have opportunities for recreation and leisure in the community.

For more information on volunteering, playing or becoming a sponsor please contact
Connie Mehlman at 513-867-5923.

Friendship Club Summer Events

Saturday , June 6, 7:00 PM Miniature Golf

Eagle Tee Golf Center
9200 Cincinnati Dayton Rd., West Chester
Cost: \$5.50
(\$1.00 off coupon at www.eagletee.com)

Thursday, July 23, 6:00 PM Eight Days a Week (Beatles Tribute)



Groovin' on the Green Concert
Village Green Fairfield
Bring a lawn chair, cooler w/picnic
or purchase food at the concert
Meet around 6:00 PM, concert is 7:00 - 9:00 PM

Sunday, July 26, 2:30 PM Seussical the Musical



Fairfield Community Theatre Production
Performing Arts Center, Fairfield High School
Cost: \$12 adults, \$10 seniors

Please send money for tickets before July 1, to:
Phyllis Gibbemeyer
6816 West Chester Road
West Chester, Ohio 45069

Interested in joining Friendship Club?
Contact Phyllis Gibbemeyer at 77-3656. Members must be at least 18 years old to come to events and be accompanied by a parent or careprovider.

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May 26, 2009
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2051 Timberman Road
Hamilton, Ohio 45013
Issue No. 85

'Walkin' on Sunshine' Dance

Sponsored by G&E Controls CoE

Wednesday, June 24, 2009

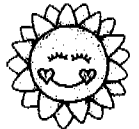


Fairfield Banquet &
Convention Center
@ Tori's Station

74 Donald Drive
Fairfield, OH
6:00 - 8:30 PM

Tickets are \$1.00
at the door

For more information, please contact:
Cathy Howell
Community Resource Coordinator
Butler County MRDD
(513) 420-2570 ext. 25



Liberty Center Advocates Jimmy Buffet Dance

Thursday, August 20, 2009
6:30 - 8:30 PM
\$1.00 at the door

Location: Liberty Center
5645 Liberty Fairfield Road
Hamilton, Ohio 45011

Everyone is welcome!
Come join in the fun!



Save The Date!

ARC Annual Family Picnic
Camp Campbell Gard
Sunday, September 13, 2009
Rain or Shine!



RECREATION AND LEISURE COACH SUPPORTS

Recreation and Leisure Coach Supports are available to MRDD eligible people who need help getting connected to social activities in the community. Butler County MRDD in partnership with Ohio Valley Goodwill and Goodwill Easter Seals of the Miami Valley can help by providing a qualified coach to help adults with MRDD participate in social activities of their choice.

To learn more about this service, contact your BCMRDD Support Coordinator or e-mail Mark Miller at markm@butlerrdd.org.

TR Newsletter Info

Help us cut cost! To help us keep our newsletter costs under control, please provide us with your e-mail address so you may receive future Therapeutic Recreation newsletters electronically. Please e-mail to sstropes@fuse.net. If you don't have a computer and an e-mail address, you'll continue to receive your newsletter in the mail.

**Know of someone who would like to be added to our newsletter mailing list?
Just call Sandy at 474-2488.**

Check out the new Therapeutic Recreation for the Disabled website! Go to <http://therapeuticrec.bravehost.com>
Learn more about who we are - our mission and what we do. You can also get the new 2009 softball schedule and hotline number as well as our e-mail address. Check it out!

Thanks To Our Volunteers

Sending out the quarterly newsletter depends on the help of many volunteers. We want to thank all those who helped with the last newsletter!

Betty Murphy	Frank Peterson
Alicia Richter	Sandy & Bill Stropes
Delores Smith	Carol & Morgan Wossum

Friends of Citizens with Disabilities

The Butler County Board of MRDD political action committee, Friends of Citizens with Disabilities, will meet on Monday, June 1, 6:00 PM at the MRDD Central Administration Offices, 1910 Fairgrove Avenue, suite E, in the back conference room. (Park in the back parking lot.)

Come to the meeting to learn about two very exciting events happening this year: the benefit motorcycle ride in August and an art auction in November.



Volunteers are always needed to help out at events.

For more information contact Wendy Planicka at (513) 867-5962 ext. 21 or wendyp@butlerrdd.org.

YMCA Youth Programs

All YMCA's in the Butler County area welcome boys and girls with special needs in their programs. Children with special needs will be integrated into the soccer leagues, martial arts, swimming, and other programs with non-handicapped players. For more information about these programs and to register please contact:

Fairfield YMCA Chris Lindeman
Wellness & Sports Director 829-3091

East Butler YMCA Kirk Willig
Sports & Recreation Director 892-9622

Fitton Family Chris Moses
Wellness & Sports Director 868-9622

Atrium Family YMCA Aslee Strang
Wellness Coordinator 217-5501



SPECIAL OLYMPICS OHIO APPLICATION FOR PARTICIPATION (Revised 2002)

DEMOGRAPHICS

COUNTY: _____

ORGANIZATION: _____ Male Female Date of Birth (month/day/year) _____/_____/_____

Athlete's Name: _____ Athlete Home Phone #: _____

Athlete's Address: _____ City _____ State _____ Zip _____ Parent Primary Phone #: _____

Parent/Guardian's Name: _____ Parent Secondary Phone #: _____

Parent/Guardian's Address (if different than athlete): _____ Primary Phone #: _____

Emergency Contact (if other than parent/guardian): _____ Policy #: _____

Health/Accident Insurance Company: _____

HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Heart disease / heart defect / high blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Allergy:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medicines: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Seizures / epilepsy/fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Food: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Insect stings/bites: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Special diet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Asthma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Heat stroke / exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tobacco use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Blindness / visual problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Easy bleeding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contact lenses / glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Emotional / psychiatric / behavioral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hearing loss / hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sickle cell trait or disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bone or joint problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Immunizations up to date
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other _____

(For additional space, see back of form)

Date of most recent tetanus immunization _____/_____/_____

A physical examination by a licensed physician is required every three (3) years

If the local program has a reasonable basis for believing that there has been a significant change in the athlete's health since this history and physical examination, then the athlete shall be required to seek medical advice & submit a new application form before further Special Olympics participation.

Medications:
Please print medication name, amount, date prescribed and number of times per day medication is given. Attach separate sheet if necessary.

Medication Name	Dosage	Date Prescribed	Times per day	Medication Name	Dosage	Date Prescribed	Times per day

Signature of parent/caregiver/adult athlete: _____ Date _____/_____/_____

ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME

EXAMINER'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift, and football team competition (soccer).

Yes No Has an x-ray evaluation for atlanto-axial instability been done?

Yes No If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

PHYSICAL EXAMINATION

Blood pressure: _____/_____/_____ Weight: _____ Height: _____

Normal/Abnormal	<input type="checkbox"/>	<input type="checkbox"/>	Normal/Abnormal	<input type="checkbox"/>	<input type="checkbox"/>	Normal/Abnormal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>	Cranial nerves
<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	Coordination
<input type="checkbox"/>	<input type="checkbox"/>	Oral cavity	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal system	<input type="checkbox"/>	<input type="checkbox"/>	Reflexes
<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>	Genitourinary system	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	Skin			

Other: _____

Has Mental Retardation? Yes _____ No _____ Primary MR Etiology/Category (if known): _____

I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Special Olympics. Any significant change to the above information requires a new examination prior to any participation.

RESTRICTIONS: _____

EXAMINER'S SIGNATURE: _____ **Date:** _____/_____/_____

EXAMINER'S NAME: _____

ADDRESS: _____

PHONE: _____