# LAKE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES / DEEPWOOD

# Day Program Brochure Fall 2025

This Day Program Recreation Program brochure of activities is provided by the LCBDD/Deepwood Recreation Department and is offered to all persons served through the County Board, without regard to age or ability.

The Recreation Department does not dispense any **medications**.

Questions? Contact 440-350-5137 or visit <a href="https://www.LakeBDD.org">www.LakeBDD.org</a>.

If you are interested in attending any or all of the FALL 2025 activities, please register by AUGUST 31, 2025 by contacting Ellana at (440) 350-5137 or at Ellana. Fishwick@LakeBDD.org.

If you miss the registration deadline and still wish to participate, please give us a call!

DO NOT send money at time of registration. Please bring any fees/payment to the activity.

Are you interested in *volunteering* for Community Recreation or Special Olympics activities? Call 440-350-5173 or email <u>Volunteer@LakeBDD.org</u>.



Lake County Board of Developmental Disabilities/Deepwood

For the latest updates from the LCBDD/Deepwood, sign up to receive our E-News to your inbox!

SUBSCRIBE

Subscribe to our E-News to receive a monthly email highlighting agency news and upcoming events by completing a short form on our website www.LakeBDD.org.

To be directed to our social media pages and website:

- Open the camera app on your smartphone.
- · Focus the lens on the QR code below.
- Click the link when it pops up!





## **Recreation Activities**

#### YOGA





What: Easy Yoga for sitting or standing.

Where: Fairport Dance Academy, Painesville Square

Dates: September 10, 24, October 8, 22, November 12, 26

Time: 10:30AM-11:30AM

Cost: \$10.00 per class - Wear comfortable clothes and bring water.

What: Come Bowling with friends! Where: Wickliffe Lanes, Wickliffe

Dates: September 5, October 3, November 14

Time: 10:00AM - 12:00PM

Cost: \$8.00

Notes: Bring a snack/lunch or money to purchase food.0

#### **MOVIE DAY**



What: Join your friends for the latest movies in theater!

Where: Atlas Cinema Diamond Center, Mentor Dates: September 26, October 24, November 19

Times: 10:00AM - 12:30PM

Cost: \$6.00 per ticket + \$6.00 for popcorn/pop combo

Notes: Movie will be announced close to the date (G, PG, PG-13)

#### PATTERSON'S FRUIT FARM



What: Take a hay ride tour of the apple orchards!

Where: Patterson's Farm, Chesterland **Dates: Tuesdays in October (Dates TBD)** 

Times: 10:00AM - 11:00AM

Cost: \$5.00 per person (Accompanying staff is FREE.) Notes: Groups are welcome to bring bagged lunches.

### PLAYHOUSE SQUARE THEATER



What: Enjoy a trip to the theater at Playhouse Square!

Dates: Magic School Bus (\$7) - October 15, 12:00 PM

A Christmas Carol (\$15) - December 17, 11:00 AM A Christmas Story (\$15) – December 10, 10:30 AM

#### **FALL 2025 DAY PROGRAM RECREATION BROCHURE**

#### KARAOKE



What: Come sing and dance to your favorite songs!

Where: VGC Training Room and Cafeteria, Deepwood Campus

**Dates: October 17 and November 21** 

Time: 10:00AM - 12:00PM

Cost: Free. Bring a bagged lunch!

#### **FALL COOKOUTS**



What: Enjoy a cookout, yard games and music! Where: Recreation site, Deepwood Campus Dates: (Choose One): September 12, 17, 25

Time: 11:00AM – 1:00PM Cost: \$2 (No charge for staff)

Notes: Food selection will be hot dog or hamburger, chips and drink.

#### **ZOO TRIPS**



What: Join your friends to see the animals at the zoo!

Where: Cleveland Metroparks Zoo

Dates (Choose One): September 19, October 10, 29

Time: 10:30AM-1:30PM

Cost: \$5.00

Notes: Bring a bagged lunch or money to purchase lunch.

# Interested in a different activity?

Contact Ellana at 440-350-5137 or at Ellana.Fishwick@LakeBDD.org and we can set it up!



#### **FALL 2025 DAY PROGRAM RECREATION BROCHURE**

Indicate which activities that you wish to register for below. Email/scan this form to Ellana.Fishwick@LakeBDD.org or call 440-350-5137 before August 31, 2025. You can attend any or all of the FALL 2025 activities. **Provider Name:** Address: City: Zip: **Phone Numbers** Day: **Email for activity contact: Individual/Staff Number Attending Activity/Date** 

#### **FALL 2025 DAY PROGRAM RECREATION BROCHURE**

#### WAIVER OF LIABILITY

#### **LCBDD Recreation Brochure, Special Olympics, and Group Activities**

In consideration of the opportunity afforded me to participate in Recreation activities with the Lake County Board of DD Recreation Department, in which I have and will participate freely and voluntarily, and in light of this opportunity afforded me, and the aims and services provided to individuals with developmental disabilities by the Lake County Board of DD, I hereby waive any rights or causes of action against the Lake County Board of DD, its board members, managers, employees, officers, directors, participants, collectively or individually, for any and all personal injury to me or members of my family, or damage to my property sustained in connection with my activities or travel for the Lake County Board of DD, or my participation in such activities. This includes activities and trips outlined in the Community Recreation Brochure and Day Program Community Recreation Brochure, Special Olympics, as well as activities facilitated by Recreation personnel through the ancillary groups including but not limited to; School-Age Group, NEXT Club, and Fun Days Group. I fully understand that the activities in which I will engage might include, but are not limited to, physical activity and contact and that I am choosing to participate at my own risk.

The undersigned further declares and represent that no promise, inducement or agreement not herein expressed has been made to the undersigned and that this Waiver contains the entire agreement between the parties hereto, and that the terms of this Waiver are contractual and not mere recital.

CAUTION: READ BEFORE SIGNING. THIS IS A WAIVER OF ALL YOUR RIGHTS.

The undersigned acknowledges READING AND FULLY UNDERSTANDING THE TERMS OF THIS WAIVER.

#### PARTICIPANT SIGNATURE (required for any adult with capacity to sign legal documents)

By signing this Waiver, I acknowledge that I have completely read and fully understand the potential risk to my participation.

| Participant Signature:   | Date:                                 |
|--|---------------------------------------|
| PARENT/GUARDIAN SIGNATURE (required for anyone who is a documents)   | minor or lacks capacity to sign legal |
| I am a parent or guardian of the Individual named above. I have read and understand this Waiver and have explained the contents to the Individual as appropriate. By signing, I agree to this Waiver on my own behalf and on behalf of the Individual. |                                       |
| Parent/Guardian Signature:   | Date:                                 |
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