

The Arc membership due date _____

JUST FUN CLUB – 2009-2010

REGISTRATION AND MEDICAL INFORMATION

The following information is kept in strict confidence, but is necessary to have on file in the event it is needed. Please print.

Name: _____

Birthdate: _____ Email Address _____

Address: _____

City _____ Zip _____

Parent/Guardian: _____

Phone:() _____ Emergency() _____

<u>GROUP HOME RESIDENTS ONLY</u>	
Group Home Name: _____	
Address: _____	
City & Zip _____	
Manager: _____	
Phone:() _____	Alt() _____

I use public transportation. (Please circle one) Yes No

IMPAIRMENT (other than mental retardation)

Blind _____ Hearing _____ Speech _____ Wheelchair _____ Braces _____ Cerebral Palsy _____

Epilepsy _____ Seizures _____ Other _____

MEDICATION: No Yes Explanation _____

LIABILITY WAIVER

(Must be signed by Parent/Guardian/Caregiver)

_____ Has my permission to participate in activities and events held by The Arc Just Fun Club. I hereby release The Arc of Northwest Wayne County from any and all liability while my above named charge is participating in these activities. I understand these programs will be supervised by The Arc Just Fun Club volunteers and hereby release these persons from any and all liability that may occur. I also understand the above named person must abide by the rules set forth by The Arc Just Fun Club and, if he/she does become disruptive, I will be available to pick him/her up from the activity.

Signature _____ Relationship _____ Date _____

PHOTO RELEASE

I hereby give my consent to The Arc of Northwest Wayne County to photograph or film, for media use, my son/daughter/ward named above without limitations to use of said photos or films and/or stories in connection with the previously described Association, and release from any claims which may arise as stated. (TV, Magazines, Newspapers, etc.)

Signature _____ Relationship _____ Date _____

NOTE: A star on laminated ID card indicates "No photo release given".