

Fall 2010 REGISTRATION FORM

Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Township: _____ School/Work: _____

Parent/Guardian's Name: _____ Participant's Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Emergency Contact: _____ Phone: _____

E-mail Address: _____

Group Home Name: _____ Contact Name: _____ Phone: _____

Disabilities or Diagnosis: _____

Special Education Classification: _____

Does participant have seizures? _____ Frequency: _____

Does participant have downs syndrome? _____

If yes, is a doctor's note on file with Tri County Special Recreation Association stating the participant is free of Atlanto-Axial Instability? _____

Does participant utilize a wheelchair? _____

If yes, what type of wheelchair and is the individual able and willing to transfer out of the chair if necessary? _____

List Allergies or Food to avoid: _____

Medications taken and dosage: _____

Behaviors to be aware of: _____

Other considerations: _____

First time participant? (please check one): YES NO If yes, where did you hear about us?: _____

T-shirt size (please check one): Child 6/8 10/12 14/16 Adult S M L XL XXL

_____/_____/_____/_____
Signature **Date**

Photo Permission: I do hereby grant permission of a picture of myself/participant to be used in publicity or brochures related to Tri County SRA.

_____/_____/_____/_____
Signature **Date**

Transportation Permission: I do hereby grant permission for transportation of myself/participant as part of a weekly activity or special event.

Tri County Special Recreation Association has a limited number of booster and car seats available. Please check if your child needs the following:

Booster Seat Car Seat

PLEASE COMPLETE BACK SIDE OF REGISTRATION FORM. ONLY CHECK PROGRAMS FOR WHICH YOU ARE REGISTERING.

