

Friday Night Social Registration Form & Emergency Contact Information

Please mail/deliver your completed registration & payment to:
The Arc of Kitsap and Jefferson Counties, 3243 N. Perry Avenue, Bremerton, WA 98310
(360) 377-3473

Payment Options May 1, 09 to April 30, 2010

_____ On-site \$3 cover charge per dance	(\$126 for all dances)
_____ Monthly Fee \$8	(\$96 for all dances)
_____ Annual Fee \$80	(\$80 for all dances)* <i>BEST SAVINGS</i>

Applicant Name: _____ M___ F___ Age___ Birthday _____

Where does applicant live? () Alone () Parents () AFH () Supported Living () Other: _____

Phone: _____ Custody Status () Independent () Guardian

Mailing Address for applicant: _____ City: _____ Zip: _____

If AFH or Supported Living, please give name and Phone: _____

How will participant get to/from the dance?

() Kitsap Access () Public Transit () Family/care provider () own transportation

Will participant be accompanied by a care provider? () yes () no

The following information is being collected for emergency responders only in the case 911 is called.

Primary Disability (please specify): _____

In the event of an emergency, please contact: _____

Phone #1 _____ Phone #2 _____

Name of primary physician: _____ Phone Number: _____

If participant has any allergies, please make sure this is listed on their medic-alert bracelet or id tag.

Photo Release Form

Please check one:

() Permission is given to The Arc of Kitsap and Jefferson Counties to use any photograph and video of the applicant and the applicant's name for newspaper articles, news releases, publications (brochures, newsletters, websites, etc.) and community awareness programs.

() Permission denied for photography.

Applicant or Guardian or Adult Family Home/Supported Living representative

Date Consent

Emergency Treatment

_____ (name) will attend Friday Night Social Program at the Arc.

Participant agrees not to come to the dance if any of the following are present the day of attendance: a runny nose when the mucus is thick, green, or yellow; cough or congestion that interferes with breathing and/or if wheezing; a fever over 100 degrees—diarrhea; vomiting; severe headache.

In the event of an emergency I understand the 911 will be called. I give my consent to provide treatment and to conduct any tests essential to render necessary medical care.

Applicant or Guardian (if there is a guardian, they must sign)

Date

Waiver of Liability

Name: _____

With the understanding that The Arc of Kitsap and Jefferson Counties will make reasonable efforts to prevent accidents, injuries, or other mishaps, I acknowledge the following.

I hereby release and forever discharge The Arc, its agents and assigns, from any claims, demands, or actions, causes of actions or suits of whatsoever kind of nature for damages sustained by the named client or accruing to the undersigned in consequences of any accident or occurrence resulting from the use of durable medical equipment and/or participation in any activity or program of The Arc.

I understand that The Arc of Kitsap and Jefferson Counties and its representatives are not responsible for loss or damage to the personal property and possessions of the participants. All information provided in this application is true and correct. The Arc of Kitsap and Jefferson Counties and its representatives have full right and authority to rely on the information contained therein. I have read and fully understand the program details and waiver.

Applicant or Guardian (if there is a guardian, they must sign)

Date