

ADULT RECREATION GROUP REGISTRATION FORM

Participant's Name: _____ Date: _____

Address: _____

City: _____ Prov: ON Postal Code: _____

Phone: _____ Cell: _____

Email: _____

In Case of Emergency:

_____ may be contacted at _____.
(name) (phone)

Health Card #: _____

Doctor: _____ Phone: _____

On Medication: Yes No If yes, what type: _____

Allergies: Yes No If yes, what type: _____

Does the individual have problems with: Hearing Speech Sight

Other: _____

NOTE: If available, a copy of the individual's Psychological Assessment must be provided.

Comments: _____

PLEASE CONTINUE ON THE BACK...

Please check off the types of activities your child would like to participate in:

- | | | |
|--------------|-------------------------|-------------------|
| Bowling | Trip to the Art Gallery | See a Play |
| Ice Skating | Movie Nights | Tobogganing |
| Game Nights | Laser Tag | Art Classes |
| Swimming | Badminton | Mini-Golf |
| Floor Hockey | Beach Volleyball | Rock Climbing |
| LDAWE Events | See a Basketball Game | See a Hockey Game |

I, _____, agree to and provide permission for the photographic, video, and audio recording of myself throughout the Adult Recreational Support Group offered by the Learning Disabilities Association of Windsor – Essex County.

I accept and agree that the ownership of any recordings will be kept by the Learning Disabilities Association of Windsor – Essex County. I authorize the use or reproduction of any recordings referred to above for any reasonable purpose*. I understand that recordings will only be used for positive public education purposes.

* “Purposes” for photographs, video, and audio recordings includes use or publication in: websites, social media feeds, workshop presentations, television clips, brochures, and magazines for the use of program promotion or program summary.

Signature: _____ Date: _____

I have read the information on the registration form and declare it to be true:

Signature: _____ Date: _____