

REGISTRATION FORM FOR PARTICIPANTS

Date _____

Name _____

Address _____

Postal Code _____

Home Tel _____

Cell _____

Day Program _____

Day Program Tel _____

ACTIVITY CHOICE(S)

Activity 1 _____

Day/Time _____

Activity 2 _____

Day/Time _____

Activity 3 _____

Day/Time _____

**IF YOU HAVE A SUPPORT WORKER DURING THE DAY,
HE/SHE WILL NEED TO ATTEND WITH YOU.**

Support worker's name _____

Telephone _____

Email _____

Will support be needed to help you participate fully in this activity? YES NO

If yes, what support will be needed?

Transportation Home (Please circle) Regular Bus Walk Pick-up

Is there anything else we should know to help make your participation as positive as possible?

HEALTH Please provide brief details that will be kept confidential.

Allergies __Bees __Food __ Other ____ (Please describe _____)

Diabetes YES NO

Seizures YES NO

Other relevant health issues

Doctor _____

Tel. _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

1. Name _____ Telephone: _____ Cell _____

Relationship to Participant _____

2. Name _____ Telephone: _____ Cell _____

Relationship to Participant _____