



JVLSS 2017 PROGRAM REGISTRATION

DATE _____

PARTICIPANTS NAME _____

DATE OF BIRTH _____ AGE _____ MALE __ FEMALE __

ADDRESS _____

PARENT/GUARDIAN NAME _____

CELL PHONE # _____ EMAIL _____

EMERGENCY CONTACT IF YOU CANNOT BE REACHED:

#1 _____ CELL# _____

#2 _____ CELL# _____

PLEASE LIST THE NAMES OF PEOPLE ALLOWED TO PICK UP PARTICIPANT:

1 _____ 2 _____

(Over 18) Individual can leave on his/her own: _____ Sign: _____

Please list diagnosis along with ANY and ALL needs we should be aware of, i.e. dietary restrictions/allergies, sensory issues, behaviors, overall health/medications, seizures, etc.

Do you require any accommodations or support to participate in this program:

____ I confirm that the participant can safely engage in activities as registered on this form and, if necessary, be transported for emergency medical treatment in case of injury.

____ I grant permission for photograph or video images to be used for educational, social media or promotion of Select Human Services, Inc. This signature is valid for ongoing



enrollment in Select Human Services, Inc. programs unless otherwise indicated.

_____ I understand that 1 to 1 staffing will not be provided and acknowledge that the participant can toilet independently and does not have any aggressive behaviors.

_____ By participating in a Select Human Services, Inc. program, the parent/guardian of each participant and the participant agree to indemnify, release and hold harmless of Select Human Services, Inc., its officers, directors, employees, consultants, agents (including independent contractors, if applicable), and volunteers from any and all liability or causes of action whatsoever arising out of, or which may result from such participation.

_____ I further understand that late pickups from any and all programs at Select Human Services, Inc. will not be tolerated and could result from restricted participation in current/future programs.

Print Name

Signature

Date

2017 Program registration:

Class will meet for (4) Wednesday's from 1:00 to 2:00pm on April 19, 26, May 3 & 10. Mats and props will be provided. Instructor: Nannette Wasserman

CLASS FEE: 4 week session is \$60 per person

PAYMENT: Pay by check # _____ I will pay on-line: _____