

Registration Form—Spring 2012

Advance payment is required for all programs. **NO REGISTRATION AT PROGRAMS OR BY PHONE.** Residents of the West & Northwest consortium of cities and Members receive priority registration up to the deadline. Registration is then open to non-residents (unless program is full). **Guaranteed Rgstrn for residents/members 2/20—2/24. Priority Rgstrn 2/25—3/16. Open Rgstrn 3/17—on.**

Name: _____ Gender: _____ Soc. Sec. # _____ - _____ - _____ Birth date: _____
 Address: _____ City/Zip: _____ Home Phone: _____
 Alt. Phone: _____ Email _____ I have a Waiver I have SILS

DISABILITY/DIAGNOSIS(ES): (Please check ALL that apply)

Developmental Disability Autism Asperger's/PDD TBI Deafness Blindness ADD/ADHD
 Down Syndrome Cerebral Palsy Seizures Emotional/Behavior Disorder Uses Wheelchair

Other Disability or Mental Health Conditions: _____ Allergies/Medical Concerns/Diet: _____

Function Level of Client: Borderline Mild Moderate Severe Other: _____

Photo Waiver: My photo may be taken at Reach programs and used for promotional materials, unless I check below:
 No, I DO NOT wish to have my photo used.

Emergency Contact: _____ Emergency Phone: _____

Social Worker: _____ Social Worker's Phone: _____

Parent(s)/Guardian(s): _____ Parent(s) Email: _____

Home Address: _____ City: _____ Zip: _____

Parent(s) Primary Phone: _____ Secondary Phone: _____

Annual Household Income: \$0 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - 99,999
 \$100,000 - \$124,999 \$125,000 - \$149,999 \$150,000 - \$174,999 \$175,000 - \$199,999 \$200,000+

I, the undersigned, certify that the above information is accurate. I understand that participation in this activity is completely voluntary and the activity is being offered for the benefit of the participant. Reach for Resources shall not be liable for any claims, injuries, or damages of whatever nature, incurred by the participant arising out of, or connected with, the activity. On behalf of myself and the participant, I expressly forever release and discharge Reach for Resources, its agents or employees, from any such claims, injuries or damages. I have received a copy of Notice of Privacy as required by HIPAA. I have read, understood and agree to these privacy practices.

Legal Guardian: _____ **Date:** _____

<input checked="" type="checkbox"/> Youth & Special Programs	Resident/Non-Res
<input type="checkbox"/> Youth/Teen Bowling Doyle's	\$35.00 / \$43.00
<input type="checkbox"/> Youth/Teen Bowling Park Tav.	\$35.00 / \$43.00
<input type="checkbox"/> Teen Explorers	\$40.00 / \$48.00
<input type="checkbox"/> Family Yoga # Attending _____	\$50.00 / \$58.00 (+\$20)
<input type="checkbox"/> Girls Club	\$30.00 / \$38.00
<input type="checkbox"/> Community Connections Group	\$40.00/\$48.00
<input type="checkbox"/> Weekend Ventures (teens & adults)	Send Me Info
<input type="checkbox"/> Social Seekers (teens & adults)	Send Me Info

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<input checked="" type="checkbox"/> Adult Programs	Resident/Non-Res
<input type="checkbox"/> Adult Bowling Doyle's	\$35.00 / \$43.00
<input type="checkbox"/> Young Adult Bowling Doyles	\$35.00/ \$43.00
<input type="checkbox"/> Adult Bowling Park Tavern	\$35.00 / \$43.00
<input type="checkbox"/> Adult Bowling Maple Lanes	\$35.00 / \$43.00
<input type="checkbox"/> On the Town I	\$20.00 / \$28.00
<input type="checkbox"/> On the Town II	\$20.00 / \$28.00
<input type="checkbox"/> On the Town II Transportation	\$35.00
<input type="checkbox"/> Club West	\$40.00 / \$48.00
<input type="checkbox"/> Wednesday Night Social	\$40.00 / \$48.00
<input type="checkbox"/> Adult Yoga	\$40.00 / \$48.00
<input type="checkbox"/> Walking Club	\$25.00 / \$33.00
<input type="checkbox"/> The Health Club	\$40.00 / \$48.00
<input type="checkbox"/> Empowerment Banquet	Send Me Info
Program Total:	\$ _____
Donation to support REACH programs (optional):	\$ _____
Total Enclosed:	\$ _____

Please mail completed form with payment to:
REACH at 1001 Highway 7, #235 Hopkins, MN 55305

Approved by _____ Date _____ Initials _____	Amt Pd \$ _____ Ck# _____
Registered by _____ Date _____ Initials _____	Cash _____ Waiver Exp _____
Pymt Rec'd by _____ Date _____ Initials _____	_____ Schedule Sent by _____ Date _____ Initials _____
<input type="checkbox"/> DB Entry Member Exp.	

I have made arrangements with the County for Reach to bill my Waiver directly for recreation programs. (If not, you must pay for programs when registering)