

# Registration Form—Winter 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 Rqstn for residents/members 11/28—12/1. Priority Rqstn 12/2—1/1. Open Rqstn 1/2—on.**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Alt. Phone: \_\_\_\_\_ Email \_\_\_\_\_ r I have a Waiver r 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"/> Take Five Respite (ages 13-21)	Send Me Info
<input type="checkbox"/> Superbowl Party (ages 16+)	\$10.00 / \$18.00

## Winter 2012

<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 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"/> No-Compete Basketball	\$40.00 / \$48.00

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

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

Program Total:	\$ _____
<b>Donation to support REACH programs (optional):</b>	\$ _____
Total Enclosed:	\$ _____

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)