

# Registration Form—Summer 2010

Advance payment is required for all programs. NO REGISTRATION AT PROGRAMS OR BY PHONE. To ensure a spot in the program(s) of your choice, mail in payment and registration form as soon as possible. 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 Registration for residents/members 5/3—5/12. Priority registration 5/13—6/6. Open Registration 6/7.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Please Check ALL That Apply**

- DISABILITY DIAGNOSIS:  Developmental Disability (MR or unspecified) Level: Borderline Mild Moderate Severe (circle one)
- Autism  Aspergers/PDD  Cerebral Palsy  Down Syndrome  FAS  Prader-Willi  Williams Synd.  TBI  ADD/ADHD
- Emotional/Behavior Disorder  Epilepsy/Seizure Disorder  Mobility Impaired  Blind/Vision Impaired  Deaf/Hearing Impaired
- Uses Wheelchair  Other Disability or Mental Health Issues \_\_\_\_\_

OTHER SPECIAL NEEDS Allergies/Medical Cond./Special Diet.: \_\_\_\_\_

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.

Social Worker: \_\_\_\_\_ Social Worker's Phone: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Parent/Guardian's Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) E-Mail: \_\_\_\_\_ Parent(s) Cell or Work 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 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"/> Sports Sampler Session: _____	\$35.00 / \$43.00
<input type="checkbox"/> August Action Session: _____	\$40.00 / \$48.00
<input type="checkbox"/> Girls Club	\$30.00 / \$38.00
<input type="checkbox"/> Teen Softball	\$30.00 / \$38.00
<input type="checkbox"/> Teen Explorers	\$40.00 / \$48.00
<input type="checkbox"/> Take Five Respite	Send Me Info
<input type="checkbox"/> Canoe Trip (teens & adults)	\$40.00

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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"/> Adult Bowling Park Tavern	\$35.00 / \$43.00
<input type="checkbox"/> No-Compete Softball	\$30.00 / \$35.00
<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"/> Club West	\$40.00 / \$48.00
<input type="checkbox"/> Wednesday Night Social	\$40.00 / \$48.00
<input type="checkbox"/> Empowerment Banquet	FREE
<input type="checkbox"/> Weekend Ventures (teens & adults)	Send Me Info

**\*\*REMINDER:** Clients living in Crystal, New Hope and Robbinsdale are no longer considered residents. See page 4 for details.\*\*

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

Program Total:	\$ _____
Donation to support REACH programs (optional):	\$ _____
Total Enclosed:	\$ _____

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 Complete	

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