GROW Participant Registration

Strength Starts Here

Participant Profile – GROW Adult Assisted Activity Center

Participant Name: _____

Date of Birth: _____

Phone: _____ **Email:** _____

Street Address: _____

City: _____ **ZIP Code:** _____

Parent/Guardian(s): _____

Attending Aide/Agency (if applicable): _____

Emergency Contacts

Emergency Contact #1: _____

Relationship: _____ **Phone:** _____

Emergency Contact #2: _____

Relationship: _____ **Phone:** _____

Health & Participant Information

(Please use the back of this form if additional space is needed.)

Health/Medical Concerns:

_____

Sensitivities, Triggers, or Aversions:

_____

Allergies (including type of reaction and necessary intervention):

_____

Can the participant be left alone? Yes _____ No _____

Permission for Emergency Medical Treatment

In the event of an accident, injury, or serious illness, I request that GROW Adult Assisted Activity Center first attempt to contact me or the participant's parent/guardian. If GROW is unable to reach me, I authorize GROW to obtain emergency medical treatment from an appropriate local medical provider and to make arrangements deemed reasonably necessary, including transportation by ambulance at my expense.

Participant/Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Photo, Video & Media Release

I give GROW Adult Assisted Activity Center permission to photograph, video record, audio record, or otherwise capture the registered participant while participating in GROW activities, programs, and events.

As the participant or the participant's parent/guardian, I authorize GROW Adult Assisted Activity Center and its authorized representatives to use and reproduce the participant's name, image, likeness, voice, photographs, audio, and/or video in printed or electronic materials for purposes including sharing GROW activities, promoting future events, and supporting the continued growth of GROW Adult Assisted Activity Center.

Participant/Parent/Guardian Name: _____

Signature: _____ **Date:** _____