



2018 Arc Activities Participant Registration Form

PARTICIPANT INFORMATION		
Participant:	Date Completed:	
Address:		
City:	State:	Zip:
Phone # :	Age:	Date of birth:
Guardian/Legal Representative:		Phone #: Cell #:
Service Coordinator:		Phone #: Cell #:
Living Arrangements:		
CONTACTS		
Emergency Contact:		Relationship:
Street:	City/ST/Zip:	Phone #: Work #: Cell #:
Secondary Contact:		Relationship:
Street:	City/ST/Zip:	Phone #: Work #: Cell #:
MEDICAL INFORMATION		
Any health concerns The Arc should be aware of:		
Allergic to Bee Stings: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Allergies:		

PERMISSION IS HEREBY GRANTED

In the absence of a guardian or legally authorized decision maker for the participant, the undersigned hereby authorizes and grants permission to any licensed physician designated by The Arc of Dunn County, Inc. to treat or to perform any emergency operation on the applicant when, in the opinion of such physician, the applicant's condition would be jeopardized by the delay in providing such treatment or performing such operation. The undersigned further authorizes the performance of any necessary dental work on applicant.

Please Note:

- Registration for classes and activities is on a first come, first serve basis.
- Registration and full payment secures your place in a class or activity.
- If a class or activity is rescheduled due to weather or emergency, you will be notified by phone, email or text. You can also check The Arc's Facebook page for activity updates.
- A complete refund or credit toward another class or activity (except for Arc Adventures) is given if notice of cancellation is received before the class or activity is scheduled to begin.
- To ensure the safety and success of all Arc Activities program participants, volunteers and instructors, The Arc of Dunn County requires that individuals attending Arc Activities programming be able to demonstrate independent, cooperative and social behaviors, consistent with appropriate group participation. The Arc of Dunn County requires that individuals needing specific support and supervision for emotional, physical, medical or other issues be accompanied by an assistant fully acquainted with their needs. There is no fee for an assistant to attend Art at the Arc, Arc Action or Connections, but there may be a fee for other activities. You will be notified at registration if there is a fee for an assistant to attend.
- I waive any claim for compensation resulting from the damage or loss of any personal property I bring to Arc Activities programming.
- I voluntarily indemnify and hold harmless The Arc of Dunn County, its Board of Directors, as a whole or as individual officers, and its employees from any liability, loss, damages, costs or expenses (including attorney fees) arising from participation in Arc Activities programming.

Art at the Arc:

- For planning purposes, we ask that you register by the designated deadline before the class occurs.
- Though all due care will be taken to store, protect and transport artwork that is being worked on or that is completed, I understand that unexpected occurrences may result in the loss or damage of my pieces. I waive any claim for damages or compensation resulting from damage or loss of artwork I produce.

Arc Adventures

- You must make your reservation and turn in your money by all registration dates given.
- All Arc Adventure trips are non-refundable, unless otherwise noted.
- Some trips will require traveling outside of Wisconsin and require guardian permission. Please fill in the information below to authorize out of state travel.

For Out of State Trips

I give permission for _____ to attend trips outside the state of Wisconsin with _____ (participant) Arc Adventures during 2018.

Guardian Signature: _____ Date: _____

Connections and Arc Action

- All participants must complete the necessary required paperwork to participate.
- Medication Sheet must be completed and on file for staff to assist or administer any medications.

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____

(If participant is under 18 years of age or is a legal ward, parents or legal guardian must sign.)

I give The Arc of Dunn County permission to release pictures of me participating in an activity or the work I create during an activity for purposes of promoting the program or the agency. Pictures include photos and video, either film or digital and may be used in agency publications, and media, including social media.

*When using your name (participant's name) in conjunction with pictures of activities or events how would you prefer to be identified? (Circle one)

First and Last Name First Name and Last Initial First Name Only

If you wish not to have your name or photo used please sign below.

Please do not use my photo or name in any publications. _____

Please return to: The Arc of Dunn County Phone: (715)235-7373 ext. 20 Website: www.arcofdunncounty.org
 Attn: Tina Joiner Fax: (715)233-3565 e-mail: tina@arcofdunncounty.org
 2602 Hills Court
 Menomonie, WI 54751