

# St. Louis Arc Participant Profile

Please complete both sides of this registration form.

Participant Name _____		Social Security Number _____	
Home Phone _____	Cell Phone _____	Street Address _____	
City _____	State _____	Zip (We must have last 4 digits) _____	
E-mail Address _____		Participant's Employer _____	

<b>1</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Are you a St. Louis County Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you an active St. Louis Regional Office client?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Date of Birth</b> _____	<b>Do you receive Medicaid Waiver funds?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>When did this disability manifest itself?</b> <input type="checkbox"/> Prior to age 19 <input type="checkbox"/> Prior to age 22

<b>2</b>	<b>Participant Lives:</b>		
	<input type="checkbox"/> w/Family	<input type="checkbox"/> Specialized Facility	<input type="checkbox"/> Foster Home
	<input type="checkbox"/> Independently	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Group Home
	<input type="checkbox"/> Individual Supported Living	<input type="checkbox"/> Habilitation Center	<input type="checkbox"/> Other _____

<b>3</b>	<b>Participant's Diagnosis:</b> <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Learning Disability <input type="checkbox"/> Autism <input type="checkbox"/> Head Injury <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other _____ <input type="checkbox"/> Cerebral Palsy		<b>4</b>	<b>Participant's Race:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Asian <input type="checkbox"/> Other _____
	If "Other" diagnosis is checked, select the substantial functional limitations in two or more of the following areas of major life activities: <input type="checkbox"/> Receptive-Expressive Language <input type="checkbox"/> Learning <input type="checkbox"/> Capacity for Independent Living <input type="checkbox"/> Self Care <input type="checkbox"/> Self Direction or Economic Self Sufficiency <input type="checkbox"/> Mobility			<b>5</b>

<b>6</b>	<b>Medical/Dietary Concerns/Accommodations Needed:</b> _____ _____
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<b>7</b>	<b>Guardian</b> (If registrant is own guardian, check here <input type="checkbox"/> ) <b>Emergency Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please circle priority:</b> 1    2    3		
	Name _____	Relationship _____	(Area Code) Home Phone Number _____
	Address _____		(Area Code) Work Phone Number _____
	City _____	State _____	ZIP _____
	E-mail _____		(Area Code) Cell Phone Number _____
	Employer _____		

<b>1st Contact Information:</b> <b>Emergency Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please circle priority:</b> 1    2    3		
Name _____	Relationship _____	(Area Code) Home Phone Number _____
Address _____		Work Phone Number _____
		Cell Phone Number _____
City _____	State _____	ZIP _____
E-mail _____		

<b>2nd Contact Information:</b> <b>Emergency Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please circle priority:</b> 1    2    3		
Name _____	Relationship _____	(Area Code) Home Phone Number _____
Address _____		Work Phone Number _____
		Cell Phone Number _____
City _____	State _____	ZIP _____
E-mail _____		



# Leisure Times Spring/Summer 2011 Registration Form

Participant's Name: \_\_\_\_\_

SPORTS & FITNESS	Program Fees
<b>SOFTBALL</b> <i>(Please mark your 1st &amp; 2nd choice)</i>	
<input type="checkbox"/> Bobcats (Bridgeton) <input type="checkbox"/> Bombers (Shrewsbury) <input type="checkbox"/> Cardinals (Kirkwood) <input type="checkbox"/> Cougars (South County) <input type="checkbox"/> Jammers (Hazelwood) <input type="checkbox"/> Tigers (St. Louis City) <input type="checkbox"/> Vipers (Southwest County-TBD)	<b>FEE: \$50</b>
<input type="checkbox"/> <b>GOLF</b>	<b>FEE: \$35</b>
<b>FITNESS IN MOTION—WALKING CLUB</b>	
<b>All Parks: 10 week session — \$50 per person</b> <b>3-Week Sessions:</b> <input type="checkbox"/> McDonnell Park Only—\$30 per person <input type="checkbox"/> Longview Farm Park Only—\$30 per person <input type="checkbox"/> Watson Trail Park Only—\$30 per person	<b>FEE:</b>
COMMUNITY & YOU	
<input type="checkbox"/> <b>THE ARTIST IN YOU!</b> (Session 1) <b>FEE: \$75</b> <input type="checkbox"/> <b>THE ARTIST IN YOU!</b> (Session 2) <b>FEE: \$75</b>	
<input type="checkbox"/> <b>CULTURAL HAPPENINGS</b> <input type="checkbox"/> <b>REC CONNECT</b>  <i>If you registered for Cultural Happenings or Rec Connect in the Fall, you do not need to register again at this time.</i>	<b>FEES:</b> Please refer to brochure description
<b>PRORATED ANNUAL REGISTRATION FEE</b>	
<i>If your Annual Registration fee was paid in Fall 2010, do not pay again. If you have questions call 314-817-2270.</i>	<b>FEE: \$30</b>
<b>TOTAL PROGRAM FEES ENCLOSED:</b>	

## Release and Agreement Statement

I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the participant as named on this form at my expense. By signing, I give permission to the St. Louis Arc to release my personal information to the program leader. I do hereby indemnify said Association, its agents and employees, and agree to hold it and them harmless from any and all liability arising out of any injury, illness, or accident that might happen to the participant and from any damage the participant might cause to any person(s) or property while in the care of the Association or its agents of employees.

I have read the above, which I understand and agree to abide by.

\_\_\_\_\_  
*Signature of Participant* *Date*

\_\_\_\_\_  
*Signature of Parent or Guardian* *Date*

I hereby authorize the use of my name, photographs and/or video-tape for newspaper, radio, website, advertisement or publication by the St. Louis Arc. **Please initial here if you agree to this statement.** \_\_\_\_\_

## METHOD OF PAYMENT

**Check Enclosed** *(Payable to St. Louis Arc/Leisure Services)*

**Please charge my credit card**

**Visa**       **MasterCard**

**Credit Card number:**

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**Expiration Date:**

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Name on Card: \_\_\_\_\_  
*(Required—Please Print)*

**St. Louis Arc Resident ONLY—Payment from Escrow**

For Office Use Only

*Payment Amount* \_\_\_\_\_ *Date Received* \_\_\_\_\_

*Payment Method* \_\_\_\_\_ *Entered into DB* \_\_\_\_\_

*Amt 1 coded to* \_\_\_\_\_ *Confirmation Sent* \_\_\_\_\_

*Amt 2 coded to* \_\_\_\_\_ *Scn/Svd to* \_\_\_\_\_

*Amt 3 coded to* \_\_\_\_\_

**PLEASE RETURN FORM AND FEES TO**

**St. Louis Arc/Leisure Services**  
**Attention: Accounts Receivable**  
 1177 N. Warson Rd.  
 St. Louis, MO 63132