

# 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) _____	
Date of Birth _____		E-mail Address _____	

<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 Center client?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<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>Service Coordinator Phone:</b> _____	

<b>6</b>	<b>Medical/Dietary Concerns/Accommodations Needed:</b> _____ _____
----------	--

<b>7</b>	<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
	_____ (Area Code) Cell Phone Number	_____ (Area Code) Work Phone Number	_____ E-mail
	<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    _____ (Area Code) Cell Phone Number	
_____ E-mail			

NE/TIM • Summer 2011

# Registration Form - Neighborhood Experiences/Teens in Motion

Participant Name \_\_\_\_\_

**Please choose only one activity from Box 1.**

<b>1</b>	<h2 style="margin: 0;">Neighborhood Experiences (ages 16 – 20)</h2> <p>Pick-up/Drop-off Locations: (select one)</p> <p><input type="checkbox"/> Kirkwood Community Center (111 S. Geyer Rd., 63122)</p> <p><input type="checkbox"/> St. Louis Arc Office (1177 N. Warson Rd., 63132)</p> <p><input type="checkbox"/> West Location - TBA</p>	<h2 style="margin: 0;">Teens in Motion (ages 13 – 15)</h2> <p>Pick-up/Drop-off Locations: (select one)</p> <p><input type="checkbox"/> Kirkwood Community Center (111 S. Geyer Rd., 63122)</p> <p><input type="checkbox"/> St. Louis Arc Office (1177 N. Warson Rd., 63132)</p> <p><input type="checkbox"/> West Location - TBA</p>	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: auto;"> <i>Limited Space - 12 spots per site</i> </div>
----------	--	---	--

<b>2</b>	<p><b>Release and Agreement Statement</b></p> <p>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.</p> <p>I have read the above, which I understand and agree to abide by.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center;">Signature of Participant</td> <td style="width: 15%; text-align: center;">Date</td> <td style="width: 40%; text-align: center;">Signature of Parent/Guardian</td> <td style="width: 5%; text-align: center;">Date</td> </tr> </table>		Signature of Participant	Date	Signature of Parent/Guardian	Date
Signature of Participant	Date	Signature of Parent/Guardian	Date		

<b>3</b>	<p><b>Photo Release Statement</b></p> <p>I hereby authorize the use of my name, photographs, and/or videotape for newspaper, radio, advertisement, promotional materials or publication/website of the St Louis Arc. I allow St. Louis Arc to share and disclose demographic and assessment information to The Arc or the US and Walmart Foundation.</p> <p>I have read the above, which I understand and agree to abide by.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center;">Signature of Participant</td> <td style="width: 15%; text-align: center;">Date</td> <td style="width: 40%; text-align: center;">Signature of Parent/Guardian</td> <td style="width: 5%; text-align: center;">Date</td> </tr> </table>		Signature of Participant	Date	Signature of Parent/Guardian	Date
Signature of Participant	Date	Signature of Parent/Guardian	Date		

<b>4</b>	<p>Method of Payment: <input type="checkbox"/> Check    <input type="checkbox"/> MasterCard    <input type="checkbox"/> Visa</p>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Card Number</td> <td style="width: 20%; text-align: center;">Expiration Date</td> <td style="width: 30%; text-align: center;">CVV #</td> </tr> </table>		Card Number	Expiration Date	CVV #
Card Number	Expiration Date	CVV #		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Cardholder Name</td> <td style="width: 50%; text-align: center;">Signature</td> </tr> </table>		Cardholder Name	Signature	
Cardholder Name	Signature			

**Please return application and \$60.00 deposit fee, on or after February 11, payable to:**

**St. Louis Arc, Leisure Services**  
**1177 N Warson Road**  
**St. Louis, MO 63132**

**No registrations will be accepted before February 11, 2011**  
 Cancellations made before April 29, 2011 will receive a full refund.

For Office Use Only			
Payment Amount	Account Rep	Date Received	Copies Sent to Coordinator
Payment Method	Amt Coded To: 10-43600-4510 - _____ 10-43600-4515 - _____	Entered into DB	Copies Sent to Assistant Director