

Participant Name _____ Date of Birth _____ Social Security Number (print legibly—confirm by viewing card or appropriate documentation as necessary) _____

Home phone _____ Cell phone _____ E-mail Address _____

Street Address _____ City _____ State _____ Zip Code _____

Participant's Employer _____

__ Please check here to receive brochure and registration form via email ONLY.

1	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	2	Participant Lives: (include agency name when appropriate) <input type="checkbox"/> w/Family <input type="checkbox"/> Specialized Facility _____ <input type="checkbox"/> Independently <input type="checkbox"/> Nursing Home _____ <input type="checkbox"/> Foster Home <input type="checkbox"/> Habilitation Center _____ <input type="checkbox"/> Group Home/ISL _____ <input type="checkbox"/> Individual Supported Living Arrangement <input type="checkbox"/> Other _____
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3

When did disability manifest itself? Prior to age 19 Prior to age 22

Participant's Diagnosis:

Intellectual Disability Learning Disability
 Autism Spectrum Disorder Traumatic Brain Injury
 Seizure Disorder Other _____
 Cerebral Palsy

If "Other" diagnosis or "Learning Disability" is checked, select the substantial functional limitations in two or more of the following areas of major life activities:

Receptive-Expressive Language Learning
 Capacity for Independent Living Self Care
 Self Direction or Economic Self Sufficiency Mobility

4

Participant's Race:

African-American Caucasian
 Asian Native American
 Bi-Racial Hispanic
 Other _____

5

Do you receive case management services?
 Yes No

If yes, choose one:
 Regional Office DDRB/DDR

Support Coordinator/Case Manager Name:

Service Coordinator Phone: _____ **DMH ID#** _____

6

Medical/Dietary Concerns OR Accommodation Needed:

7

1st Emergency Contact: Guardian? Yes No **Emergency Contact priority:** 1 2 3

Name _____ Relationship _____ (Area Code) Home Phone Number _____

Address _____ City _____ State _____ ZIP _____ (Area Code) Work Phone Number _____

Employer _____ (Area Code) Cell Phone Number _____

E-mail _____

2nd Emergency Contact: Guardian? Yes No **Emergency Contact priority:** 1 2 3

Name _____ Relationship _____ (Area Code) Home Phone Number _____

Address _____ City _____ State _____ ZIP _____ Work Phone Number _____ Cell Phone Number _____

Employer _____ E-mail _____

WINTER 2016

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 videotape for newspaper, radio, website, advertisement or publication by the St. Louis Arc. Please initial here if you agree to this statement. _____

Participant's Name: _____

T-Shirt Size (please circle size)
 S M L XL XXL XXXL



Children & Teen Programs

CHILDREN'S MUSIC \$50 per session	PROGRAM FEES
<u>Ages 3 & Under</u> Session I: _____ ____ 10:45 a.m. - 11:30 a.m. Session II: _____	
<u>Ages 3 to 6 years</u> ____ 1:30 p.m. - 2:15 p.m.	
<u>Ages 5 to 9 years</u> ____ 4:00 p.m. - 4:45 p.m.	
___ CHILDREN'S SIBSHOPS Fee: \$60.00	
___ FRIENDSHIP FUSION Fee: \$75.00	
___ CAMP WARSON Fee: \$250.00	
___ TEEN SCENE Fee: \$75.00	
___ TEEN BOWLING Fee: \$30.00	

Adult Programs

___ ARTIST IN YOU Fee: \$75.00	
COOKING FOR COMFORT Fee: \$45.00 per session	
Session I _____ Session II _____ ___ 4:30-6:30 p.m. ___ 4:30-6:30 p.m. ___ 6:30-8:30 p.m. ___ 6:30-8:30 p.m.	
___ AWAKE, AWARE, ALIVE Fee: \$75.00	
ADULT MUSIC Fee \$50.00 per session Mon. 6:30-7:15 p.m. ___ Session I ___ Session II	
ADULT MUSIC Fee: \$50.00 per session Thursday ___ Session I ___ Session II ___ 10-10:45 a.m. ___ 10-10:45 a.m. ___ 11-11:45 a.m. ___ 11-11:45 a.m. ___ 12:30 - 1:15 p.m. ___ 12:30 - 1:15p.m.	

Total fee from Column 1:

METHOD OF PAYMENT

PLEASE RETURN FORM AND FEES TO:
 St. Louis Arc/Leisure Services
 Attention: Accounts Receivable
 1177 N. Warson Rd.
 St. Louis, MO 63132

St. Louis Arc Resident ONLY—Payment from Escrow

For Office Use Only
 Amt 1 coded to _____ Amt 2 coded to _____
 Payment Amount _____ Date Received _____ Payment Method _____

Adult Programs

BOWLING Fee \$30.00	
___ Brunswick Bowl ___ Olivette Bowl (Sat.) ___ Sunset/Watson (a.m.) ___ Sunset Bowl (p.m.)	
___ Olivette Bowl (Wed.) Program fee: \$30.00 or Pre-Pay: \$ 95.00	
NEXT CHAPTER BOOK CLUB Fee: \$15.00 per session	
___ Session I: 6:00 - 7:00 pm ___ Session II: 7:00 - 8:00 p.m. ___ Chesterfield ___ Ladue ___ Chesterfield ___ Ladue ___ Des Peres ___ Crestwood	
BASKETBALL Fee: \$55.00	
___ Bearcats ___ Hawks ___ Northstars ___ Rattlers ___ Blue Devils ___ Phantoms ___ Stingrays ___ Roadrunners	
ARC UNITED BASKETBALL Fee: \$55.00	
___ Hurricanes ___ Slam ___ Heat ___ Thunder ___ Jets ___ Blazers	
___ ARC UNITED SOCCER (Smash) Fee: \$55.00	

Family Programs

___ COOKING WITH FAMILY & FRIENDS Fee: \$100.00 ___ # attending + \$10 per additional member over 4	
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Year Round Programs

___ TEEN MEET UP Fee: \$30.00	
___ 20 SOMETHINGS MEET UP Fee: \$30.00	
___ ST. LOUIS SCENE MEET UP Fee: \$30.00	
DANCE CLUB Fee \$30.00	
___ Club 1177 ___ Club South	
___ FAMILY FUN NIGHT Fee: \$0	

Total fee from Column 2:

Total fee from Column 1:

GRAND TOTAL:

Check Enclosed (Payable to St. Louis Arc/Leisure Services)
 Please charge my credit card
 Visa MasterCard Discover

Credit Card number:

Expiration Date:

Name on Card: _____
 (Required—Please Print)