

Name: _____

Date of Birth: _____

Address:

Home Phone:

Cell Phone:

Email:

Please add photo of participant for emergency use only

Physical Description:			
Height:	Weight:		
Hair Colour:	Facial Hair:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Eye Colour:	Wears Glasses:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Language Spoken:	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> FRENCH	<input type="checkbox"/> OTHER:
Distinguishing Marks:	<input type="checkbox"/> TATTOOS	<input type="checkbox"/> PIERCINGS	<input type="checkbox"/> OTHER:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			

I am interested in attending Y.E.P. for the following weeks :		√
July 3 rd , 2018-July 6 th , 2018	\$97.00 for 4 days	
July 9 th , 2018 – July 13 th 2018	\$120.00	
July 16 th , 2018 – July 20 th , 2018	\$120.00	
July 23 rd , 2018 – July 27 th , 2018	\$120.00	
July 30 th , 2018 – August 3 rd , 2018	\$120.00	
August 7 th , 2018 – August 10 th , 2018	\$97.00 for 4 days	
August 13 th , 2018 – August 17 th , 2018	\$120.00	
August 20 th , 2018 – August 24 th , 2018	\$120.00	
August 27 th -2018-August 31 st 2018	\$120.00	

CONSENT FOR OUT OF REGION DAY TRIPS	
<p>Y.E.P.'s mode of transportation will be Grand River Transit System. However, there will be, on occasion, times when Agency vehicles will be used both within the Cities of Kitchener-Waterloo and throughout the Region of Waterloo. On a very limited basis, there may be opportunity to go outside the region in an agency vehicle.</p> <p>Based on the above information;</p> <p>I _____, wish to participate in options where transportation in agency vehicles will be provided. I understand that my registration fee will cover the cost of transportation on the Grand River Transit System which will be the main mode of transportation throughout the summer.</p>	
Participant's Name:	Signature:
Family/Advocate's Name:	Signature:
Witness's Name:	Signature:

Medical Information:	✓			
High Blood Pressure		Medic Alert Worn?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Seizure Disorder		Where is the Medic Alert worn?		
Diabetes		Current Medications and Other Information EMS may need to know:		
Allergies (please list in "Other")				
Wears Dentures				
Wears Hearing Aid				
Able to Self-Medicate				
Other:				

Interests:
Please include any interests, favourite activities, and/or something new the participant wants to try:

Support Needs:
Do you experience anxiety, high levels of stress, or have any behaviours you feel we should be aware of? Are there any "Triggers"?

In Case of Emergency, please provide information on two (2) persons to contact:			
Name:		Name:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	

I agree that all information described above is, to the best of my knowledge complete and correct.
Signature of Participant: _____
Signature of Family/Advocate: _____
Date: _____

PLEASE NOTE: Payment will not be processed or registered weeks confirmed until eligibility has been confirmed for Adult Developmental Services, through Developmental Services Ontario (D.S.O.)

PHOTOGRAPHY, VOICE RECORDING
AND VIDEO FILM CONSENT FORM

SECTION ONE: INTRODUCTION

KW Habilitation promises to respect your privacy. When KW Habilitation would like to use your image (photograph or video film) for others to see, we will ask permission of the person and/or their family/advocate.

This form is to ask you and/or your family/advocate if it is okay to use your image. Lots of people might see the pictures of you. Your picture could be used in a newspaper, our website and in other formats. KW Habilitation will not identify you by name unless you tell us in writing that is okay.

If you sign this form you are saying you are happy to let us use your picture. If you do not sign this form then it means we won't show your picture to other people. Once we use your image we cannot withdraw your picture if it has already been published.

SECTION TWO: CONSENT

I give permission to KW Habilitation to use my image (photograph, voice recording or video film) to help promote the work of KW Habilitation. My image can be used, but not limited to, for newsletters, newspaper stories, website information, display boards, internet and photo albums.

I understand that signing this consent form does not guarantee publication of my image (photograph, voice recording or video film). I understand that I will not be paid for the use of my image.

This Photography, Voice Recording and Video Film Consent Form will be in effect until I tell KW Habilitation that I no longer want my image to be used by the organization.

SECTION TWO: APPROVAL

Person (18 years of age and over):	Signature:
	Date:
Parent or Advocate's Name:	Signature:
	Date:
Witness Name:	Signature:
	Date:

This Photography and Video Authorization Form will be in effect until KW Habilitation is informed that the authorization is revoked.