

A2A Registration Form Page 1

Please fill out form completely on both sides EACH TIME you register for an event!

Name _____ Date of Birth _____

Street Address _____ City _____ Apt. _____ State _____ Zip _____

Phone Number _____ Do you have a passport? _____

Identifying Information

Do You Use

Legal and Living Information

Gender: Male Female Wheelchair _____ Legal Status: Conserved Unconserved

Height: _____ Cane/Crutches _____ Living Status: _____ Independent Living

Weight: _____ Walker _____ Supported Living

Eye Color: _____ Service Dog _____ Home w/ Parents

Hair Color: _____ Other _____ Group Home

Can you walk unassisted on uneven terrain? Yes No

Do you use a catheter? Yes No

Do you use a diaper? Yes No

Do you utilize the services of a personal attendant? Yes No

When? _____

Have you had seizures in the last year? Yes No

When? _____

Please Circle One:

Do you consume alcoholic beverages?

Yes No

At a theme park, do you like:

fast rides

slow rides

no rides at all

Medical Information

Medications: Please list all medications by name, the amount taken, and when they are to be taken.

Name	Amt. Taken	When Taken	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dietary needs _____

Allergies _____

Emergency Contact Information (must be a local contact person)

Name _____ Phone _____

Street Address _____ City _____ Apt _____ State _____ Zip _____

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PI Client? Yes/No IL / SE / CDS Area Manager: _____

Event Registration

Event	With Transportation	Cost
1. _____	yes no	_____
2. _____	yes no	_____
3. _____	yes no	_____
4. _____	yes no	_____
5. _____	yes no	_____
6. _____	yes no	_____
7. _____	yes no	_____

<p><u>Circle the hub location nearest you:</u></p> <p>Anaheim Costa Mesa Irvine Mission Viejo</p> <p><u>T-shirt Size</u></p> <p>S M L XL 2XL 3XL</p>

Apply Adventure Credits _____

I also want to donate this amount to the A2A Attendant Fund: _____

Total Amount Enclosed _____

Email address: _____ _____

By submitting this form I agree to:

1. I understand that I am responsible for my own well-being and the well-being of the other participants. I recognize that it is in my best interest, as well as that of the other participants, to follow the instructions, safety guidelines, and/or rules of the activity leaders and that my participation in A2A activities is entirely voluntary .
2. I understand that any A2A staff volunteers participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during A2A activities/trips. I further understand that the A2A program does not carry medical or liability insurance for me while I am participating in these activities. By placing my signature below, I acknowledge to the A2A program that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity.
3. I understand that if I must be returned from an activity due to an emergency illness or extreme disruptive behavior, I (my parents, or care provider) will be responsible for return transportation and no refund will be given.
4. I will adhere to the transportation requirements, which may include arranging my own transportation to and from the event, or being responsible for arranging my transportation to and from the hubs.
5. If I plan to use a wheelchair, I must notify the A2A Coordinator at the time I register for an event.
6. I have read the cancellation and "no-show" policies of the program and understand I may be penalized for a late cancellation or by not showing up for an event.
7. I understand if I receive a refund:
 - Refunds must be reported by Project Independence staff to the Social Security Administration as income.
 - It may take up to 4-6 weeks to receive my refund check.
8. A2A's number one priority is safety. Our participant to staff ratio is 5:1. In order to attend to emergencies or participant needs in an efficient manner, participants must be ambulatory, able to perform hygiene, eating and toileting skills, or provide a personal care attendant.
9. I understand that PI reserves the right to determine a participant's eligibility for any Access to Adventure event.
10. I understand that PI reserves the right to use my photograph for marketing, publicity, or any other manner that PI deems fit.

Participant Signature

Date

If form completed by someone other than participant:

I, _____ have fully informed the participant of the above information before they signed.