

PLEASE BRING FORM TO DANCE OR MAIL TO THE ARC

Activity Participant Registration Form



Participants Name: _____

Sex _____ Age _____ Date of Birth _____

Parent/Guardian (if applicable): _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Name of Emergency Contact: _____ Phone: _____

Relationship to Participant: _____

HOLD HARMLESS WAIVER

I hereby release, waive, and agree to hold harmless for any and all purpose, The Arc of Denton County. Its officers and volunteers from any and all liabilities that may be sustained by me while participating in any activity. I am aware that there are risks involved in participating in any activity, and I voluntarily choose to participate with that knowledge.

PHOTOGRAPHIC WAIVER

I hereby give my permission to The Arc of Denton County to photograph or video my appearance and to use first names if needed for production of newsletter or website information.

The Following information is for Arc purposes only and is optional and will be kept confidential.

Medical Information (Allergies, Conditions, Etc):

Primary Physican Name: _____ Telephone _____

Preferred Hospital: _____