



# Life Without Limits RECREATION CENTER

## Student Registration Form

Which class(es) would you like to register for: \_\_\_\_\_

### Participant Information

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: M / F Preferred Language: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Household Information

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive UCP-OC correspondence about upcoming programs, and events? Y / N

### Participant Assessment

What are the personal or therapeutic goals for this participant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any modifications, supports, or behavior information that would help this participant thrive in our recreation programs:

\_\_\_\_\_

### Emergency Contact

ICE Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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## Photo Authorization, Consent and Release

I, the undersigned parent/guardian, consent to the above person participating in these activities and agree on behalf of said person and the undersigned that we assume the risk of accident or injuries from whatever cause in the connection therewith and release United Cerebral Palsy of Orange County and its officers, agents, and employees from any and all liability for any such accident or injury.

### Photo Consent and Release

I give my written, informed consent for the United Cerebral Palsy of Orange County (UCP-OC) to photograph me and/or my participant(s) and to use our names, photographs and paraphrased or verbatim comments in promotional materials that may appear in newsletters/magazines, agency materials and/or electronic form.

I hereby waive any right to inspect or approve the finished version(s), including written or electronic copy that may be created and appear in connection therewith. My signature below indicates that I am at least 18 years of age and may legally enter into a waiver contract of this nature.

I agree to the terms and conditions set forth in this waiver and agree to relieve UCP-OC of all liability in connection with the above agreement. I have read and am fully familiar with its contents.

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**[Print]** Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**[Signature]** Parent/Legal Guardian: \_\_\_\_\_

**Submit Application to: Alicia Chan**

Email: [achan@ucp-oc.org](mailto:achan@ucp-oc.org) In Person/Mail: 980 Roosevelt Ste. 100 Irvine, CA 92620