

RADD

Recreational Activities for the Developmentally Disabled

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GROUP OR ADULT FAMILY HOME REGISTRATION FORM 2010
Program(s) attending: (Please v)

Dance Club Bowling Club Sunshine Club Adult Recreation

Refer to Individual Program Brochures for registration and program fees

Group Home or Adult Family Home Information:

Name of Group Home: _____

Address: _____

City: _____ Zip: _____

Group Home Phone Number: _____

Group Home Manager's Name: _____

Manager's Phone Number: _____

Coordinator's Name: _____

Coordinator's Phone Number: _____

Email Address: _____

Participant Information:

Will participants be coming with support staff? Yes _____ No _____

Name	Gender (M or F)	Birth Date	Diabetic (Y or N)	Seizure Disorder (Y or N)

If t-shirts were to be provided what size(s) would be needed:

Med _____ Lg _____ Xlg _____ Other _____ (specify) _____



STATISTICS

*For the purpose of statistics only, at the request of the United Way of Racine County,
Please complete the following by indicating the number of participants that fall into each category*

Ethnic Background: (Please indicate number) Caucasian ___ African America ___ Asian ___
 Hispanic or Latino _____ Multi-racial _____ American Indian _____ Other _____

Age: 18 ___ 19-54 ___ 55-74 ___ 75+ ___

Income: \$ _____._____ Monthly Amount (Please V) SSI ___ SSDI _____

Community Employment _____ Workshop Employment _____ Other _____

RADD LIABILITY WAIVER:

As a consideration for being permitted to participate in activities sponsored by RADD, also known as the Cerebral Palsy Agency of Racine County, Inc., and/or using equipment, facilities or property of said establishment, such participant or user agrees to assume all liability for injury and/or damage resulting from such participation or use and further agrees to hold RADD free and harmless on account of any act of omission, commission or negligence on the part of RADD or any of their officers, agents, employees or volunteers.

RADD may photograph said participant together with any subject matter owned by the undersigned, and does so hereby authorize RADD to cause the same to be exhibited as still photographs, transparencies, motion pictures and/or television. The undersigned does hereby release RADD and its employees and agents from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claim based on the use of said material.

In the event of accident or sickness to said individual(s), the Director may obtain such medical, hospital or surgical assistance and service as he/she may deem necessary, and I/we here agree to pay such charges, indemnify RADD and hold same harmless for such charges. RADD may exchange any information it possesses relative to said individual(s) to any qualified agency or doctor, provided such information may be used for purposes of selection only.

Participant's Name / Signature	Signature of Guardian / Care Provider	Date



Smoking is not permitted inside or outside of the building during the hours that an event is being held. It is important that all participants, employees and chaperones adhere to the agency's no smoking policy. Failure to do so will result in termination of membership.

I have read, understand and will enforce this policy with my staff and residents.

Signature

Title

Date