

REGISTRATION FOR EVERY DAY COURAGE
FRIDAY, AUGUST 17, 2007

To make this program most successful, we are requesting the following information. This information will be shared with all instructors you may come in contact with. Please fill out both sides of the form. Let us know if you have any questions or concerns! Phone: (503) 973-5130.

Please mail this form, along with the **\$20.00 registration fee (Please make checks payable to The Karen Gaffney Foundation)** by **Friday, August 10th** to:
The Karen Gaffney Foundation, PMB 199, 25 NW 23rd PL, Ste 6
Portland, OR 97210

Participant's Name: _____ Male/Female (circle one)

Address: _____ City/State: _____

Zip: _____

Day phone: _____ Evening Phone: _____

School: _____

2007-2008 school year I will be a:

Freshman Sophomore Junior Senior

List your hobbies/interests _____

Do you have any background in performing arts? _____

What would you like to gain from this program? _____

Will you be using a wheelchair or other adaptive equipment? __Yes __No

Will you need 1:1 assistance with activities? __Yes __No

Will you need assistance taking medication? __Yes __No

A box lunch will be provided; do you have any dietary restrictions?

Any special requests? _____

PLEASE COMPLETE OTHER SIDE OF THIS FORM!→

I communicate by:

Speaking Signing Communication Board Eye signals Gestures

If applicable, describe effective methods to communicate with

you. _____

I will travel to and from Grant High School

(2245 NE 36th, Portland, OR) by:

Parent/Friend Drive Self Tri-Met lift Bus

Name of person to contact in case of questions or emergency:

Name: _____ Day phone: _____

\$20.00 Registration fee is included.

Please make checks payable to The Karen Gaffney Foundation.

I would like you to send me more information on the Friends First Network™

Yes No

This is a legal document. Please read carefully. Signature is needed in order to participate.

Waiver and Liability Release

I understand that The Karen Gaffney Foundation, Friends First programs are planned with the utmost thought, work, prudence, and with the safety of the participants in mind. However, even well-supervised recreation activities entail the risk of unforeseen accidents, illness or injury. Therefore, I hereby waive all claims which I have against The Karen Gaffney Foundation or any of its employees by reason of bodily injuries which I might suffer out of my participation in the program.

Medical Treatment Release

In case of emergency, accident, or illness; I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred on my behalf.

Prescription Medication

I give permission for The Karen Gaffney Foundation staff to assist me with taking prescription medicine if needed during an activity.

Photo Release

I give my permission to be photographed/videotaped/newspaper/TV interviewed during The Karen Gaffney Foundation activities and for these photos to be used to publicize future activities.

Yes No

Participant _____ Parent/Guardian _____
(signature) (signature)

Date _____