

PLEASE BRING FORM TO DANCE OR MAIL TO THE ARC



## THE ARC OF DENTON COUNTY

### 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.

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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: \_\_\_\_\_