



365 Millennium Drive, Suite A. Crystal Lake, IL 60012. Phone: 815.477.4720. Fax: 815.477-4700
www.optionsandadvocacy.org

2023-2024 Participant Registration Form

Participant's Name _____

Date of Birth _____ Age _____ Gender _____

Address _____

Phone _____ Email _____

Self-Guardian:
 Yes (*skip to next section*)
 No (*complete Guardian details*)

Guardian Name(s) _____

Home Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Emergency Contact

Name _____ Relation _____

Contact _____

Do you have any allergies or restrictions?

Please provide any other information that you feel will make this an enjoyable experience.

Release of Liability: We are pleased to have you participate in Stefanie Sullivan’s Joyful Arts program at Options and Advocacy. Please read the following carefully. We have been advised to require all participants and/or guardians who wish participate sign a release from liability form. By signing it you acknowledge that by participating in Stefanie Sullivan’s Joyful Arts program you will be waiving and releasing all claims for injuries that you might suffer as a result of this program. You are also agreeing that if you injure another participant (a very unlikely event) you will be responsible for the costs for medical care to the injured.

“As the participant or guardian of a participant in the Stefanie Sullivan’s Joyful Arts program at Options and Advocacy, I recognize and acknowledge that there may be certain risks of physical injuries to me/my participant or another participant because of my/their behavior, associated with this program. I agree to waive and relinquish all claims against Options & Advocacy, I may have/I may have on behalf of my participant, as a result of participating in the program.

I hereby fully release and discharge Options and Advocacy, its officers, agents, employees or volunteers, from any and all claims for injuries, damage, or loss which I/my participant suffers as a result of participation in Stefanie Sullivan’s Joyful Arts program at Options and Advocacy.

I also agree that should I/my participant be the cause of harm to another participant, and a lawsuit is filed, I will indemnify, defend and hold Options and Advocacy harmless as a result.

Participant Name: _____ Date _____

Participant Signature: _____

(if applicable)

Guardian Name: _____ Date _____

Guardian Signature: _____

Photo/Media Waiver:

I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.”

Yes No

Participant Name: _____ Date _____

Participant Signature: _____

(if applicable)

Guardian Name: _____ Date _____

Guardian Signature: _____

Classes are \$10 per date and will occur on Saturdays of each month from

10:00am-11:15am. (please mark all that you would like to attend)

_____ September 9, 23

_____ October 7, 21

_____ November 4, 18

_____ December 2

_____ January 2024- 6, 20

_____ February 3, 17

_____ March 2, 16

_____ April 6, 20

The cost to participate is \$10 per class. Please return these forms with the registration fee to:

* Amount included \$ _____

Options and Advocacy

* Make checks payable to Options and Advocacy

Attn: Stefanie Sullivan's Joyful Arts

365 Millennium Dr., Suite A

Crystal Lake, IL 60012

**If you would like to be considered for a scholarship, please call Winter Noe at 815-477-4720 x230. Donations to the Stefanie Sullivan Joyful Arts Scholarship Fund are gratefully accepted.

**All other program and registration questions can be sent to

cindy.sullivan@opad.org