



ILLUMINATE HEART REGISTRATION FORM

Please complete both sides of this form. Registration is not complete until the registration and Illuminate Heart's participant information form is completed, signed and returned.

Participant Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: ___/___/___ Male Female

Parent 1 Name: _____

email: _____ Cell #: _____ Work #: _____

Parent 2 Name: _____

email: _____ Cell #: _____ Work #: _____

Participant resides with: Both Parents Parent 1 Parent 2 Other/Guardian

Other/Guardian cell #: _____

Emergency Contact name: _____ Phone #: _____

Number of relatives residing in household (parents, grandparents, etc.): _____

How did you hear about us? _____

PAYMENT FOR SERVICES: (Check one)

\$45.00 per day payment for services is made in advanced on a monthly basis.

Online payment

Self-pay (automatic draft bank payment, debit or credit card)

Payment amount: \$45.00 Credit card #: _____

Exp. date: ___/___/___ Name on Card: _____

_____ Date: ___/___/___

Cardholder Signature



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CDC plus Medicare Waiver (any amount not covered by the CDC must be paid by the parent or guardian).

A "Purchase of Service" must be on file before the participant may start attending the day program.

I hereby give the participant permission to attend ILLUMINATE HEART, INC. adult day program. I also give permission, should the need arise, for ILLUMINATE HEART, INC. to obtain emergency medical services for the participant at a hospital of ILLUMINATE HEART's choosing.

I hereby grant permission, without reservation, to ILLUMINATE HEART, INC. and those authorized by ILLUMINATE HEART, INC. to take photographic images, videos, recordings, DVDs, CDs and to use them in original or modified formats in all media now or hereafter, with or without name, for the promotion and/or fundraising activities of ILLUMINATE HEART, INC.

Liability Waiver

- It is understood and agreed that ILLUMINATE HEART, INC. is not responsible for any damages or injuries suffered by the participant while participating in the ILLUMINATE HEART, INC. field trips or activities. I/we understand and agree that any such participation by the participant is at my/our own risk.
- It is further understood and agreed that if I/we am/are not familiar with the operation of any equipment or machinery while at the, I/we will seek instruction from ILLUMINATE HEART, INC. personnel before using such equipment or machinery.
- I/we agree that ILLUMINATE HEART, INC. will not be responsible for losses or expenses incurred by me/us from accidents or injuries, which may result by reason of attending or participating in activities at ILLUMINATE HEART, INC., or any theft of my/our property in ILLUMINATE HEART, INC. or surrounding areas.
- I/we hereby release ILLUMINATE HEART, INC. and its employees, officers and directors from any loss, damage, injury or expense I/we may incur while on the ILLUMINATE HEART, INC. premises, including, without limitation, those resulting from the negligence of any person.
- ILLUMINATE HEART, INC. reserves the right to restrict or to remove persons from ILLUMINATE HEART, INC. field trips or activities or from its premises, when they deem same to be necessary or appropriate.
- ILLUMINATE HEART, INC. reserves the right to refuse services to any family whose membership account is in arrears.
- ILLUMINATE HEART, INC. reserves the right to cancel the service of any student whose behavior or influence is deemed unsatisfactory and not in the best interest of ILLUMINATE HEART, INC adult day program.
- The participant is in good health and physical condition, and I give permission for the participant to participate in all program activities in-house/on-campus and including off-campus field trips.
- I understand that there are no fee reductions or refunds for holiday, illnesses or emergency closings.
- I understand that ILLUMINATE HEART, INC. is not responsible for any lost or stolen items, including electronic devices, brought to ILLUMINATE HEART adult program.

Date: _____

Signature of parent or guardian