



9820 NW 16th CT Pembroke Pines,
FL, 33024

954-639-3304
Email: illuminateheartinc@gmail.com

ILLUMINATE HEART MEMBERSHIP APPLICATION FORM

ABOUT US...

- Illuminate Heart is a 501 (C)(3) nonprofit organization.
- Our **Mission** is to EMPOWER young adults with special needs through education and training giving them the opportunity to discover happiness, success, stability, and independence in their lives.
- Our **Vision** is a world full of LOVE and OPPORTUNITIES for adults with special needs.
- Our program is a community based and socially active program.

OUR SERVICES...

- Art Groups
- Recreational Activities
- Communities Events
- Zumba Class
- Music Class
- Cooking Class
- Community Outings
- Independent Living Skills
- Gardening
- Water Aerobics

LOCATION...

We are located at the Carl Shechter Southwest Focal Point Community Center
301 NW 103rd Ave. Pembroke Pines, FL, 33026.

HOURS...

Mondays, Wednesdays & Fridays from 9:00 am to 3:00 pm

TRANSPORTATION/COMMUNITY ACCESS:

Illuminate Heart, Inc. will not provide transportation to our facilities. Transportation must be provided by caretakers. Transportation to and from activities during program hours occurs in the community by the modes used by the community bus, and walking.

FAMILY VISITS/PARTICIPATION POLICY:

As appropriate, family and members of the community are encouraged to participate in social activities, such as attending music productions, specific projects, trips, etc. An open-door policy exists for facility site visits. Please advise the staff in advance of expected facility visits as the Individuals may be out on a field trip.



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***Registration is official when this form is completed, signed and returned by email to
illuminateheartinc@gmail.com***

Member's Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: ____/____/____ Male Female

Parent/ Guardian 1 Name: _____

email: _____

Phone #: _____ Work #: _____

Parent / Guardian 2 Name: _____

email: _____

Phone #: _____ Work #: _____

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

Emergency Contact name: _____

Phone #: _____



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ENTRANCE REQUIREMENTS:

Illuminate Heart is a community based and socially active program, and all members must, (please initial each one)

- _____ Be age eighteen (18) years or older.
- _____ Diagnosed with a Developmental Disability, including Intellectual Disabilities, Autism, Down syndrome, Language and learning disorders, Cerebral Palsy, Vision impairment, Physical disabilities, and Hearing loss.
- _____ Maintain socially acceptable behavior.
- _____ Exhibit non-violent behavior.
- _____ Be able to participate in small groups.
- _____ Active engagement.
- _____ Be able to stay with a group (No eloping or running away).
- _____ Be able to follow basic group instructions.
- _____ Complete new member's interview/orientation (parents & member's attendance required) (**NEW MEMBER ONLY**)
- _____ Members must not display behavior that may be harmful to themselves or others and must not have medical condition which precludes regular participation in the program.

DISCHARGE POLICY:

The **immediate discharge** of a member shall be allowed only when the following occurs,
(please initial each one)

- _____ The condition or behavior of the member may lead to harm to self or others.
- _____ Member exhibits a bullying behavior.
- _____ Member exhibits abusive language.
- _____ Solicitation of money.



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PAYMENT FOR SERVICES:

The payment for our services must be made in FULL and in ADVANCED on the 25th of a month. If you need to cancel your monthly membership, it must be done before the 25th before the new incoming month. REFUND POLICY: Is not applicable.

Choose one of the Membership's Options:

- One day a week membership (\$240 per month)
- Two days a week membership (\$480 per month)
- Three days a week membership (\$720 per month)
- Four days a week membership (\$960 per month)
- Five days a week membership (\$1,200 per month)

Choose one of the payment options:

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

Payment amount: _____ Credit card # _____

Exp. Date: ____/____ Name on the card : _____

Billing Address: _____

- Self-pay - online invoice will be emailed to: _____



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WAIVER OF LIABILITY RELATING TO CORONAVIRUS/ COVID 19
(please initial each one)

_____ **ILLUMINATE HEART INC, cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while utilizing Illuminate Heart's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Illuminate Heart's services and/or enter onto Illuminate Heart's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.**

_____ **ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19.**

_____ I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Illuminate Heart's services and enter Illuminate Heart's premises. These services are of such value to me and/or to my child , that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Illuminate Heart 's services and premises in person.

_____ **WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against ILLUMINATE HEART INC. and its owners, Board of Directors, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Illuminate Heart's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.**

LIABILITY WAIVER

(please initial each one)

_____ I hereby give the member permission to attend ILLUMINATE HEART, INC. program. 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.

_____ It is understood and agreed that ILLUMINATE HEART, INC. is not responsible for any damages or injuries suffered by the member while participating in the ILLUMINATE HEART, INC. field trips or activities. I/we understand and agree that any such participation by the member is at my/our own risk.

_____ 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, Board of Directors, 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 member whose membership account is in arrears.

_____ ILLUMINATE HEART, INC. reserves the right to cancel the membership of any member whose behavior or influence is deemed unsatisfactory and not in the best interest of ILLUMINATE HEART'S program.

_____ I certify the member is in good health and physical condition, and I give permission for the member to participate in all program activities including field trips.

_____ I understand that there are no fee reductions or refunds for holidays, 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'S program.

CHOICE OF LAW: I understand and agree that the law of the State of FLORIDA will apply to this contract.

I acknowledge that I have read, understand, and accept the terms and conditions of this contract. I have a copy of this information for future reference.

Member's Signature: _____

Date: _____

I am the parent or legal guardian of the member named above. I have the legal right to consent to and, by signing below, I acknowledge that I have read, understand, and accept the terms and conditions of this contract. I have a copy of this information for future reference.

Signature : _____

Date : _____