



Circle of Friends Adult Registration Form

40 King Street Norwalk, CT 06851 - 203-293-8837 – circlefriendsct@gmail.com

Participant's Name: _____ M F Age: _____ Birthday: _____ Time: _____ AM PM

Home Address: _____ City: _____ Zip Code: _____

Phone: _____ E-mail address: _____ Hebrew name (if applicable): _____

Group Home Address: _____ City: _____ Zip Code: _____

Group Home Supervisor Name: _____ Phone: _____

Place of Employment or School: _____ Position or Grade: _____ Phone: _____

Parent/Guardian Information

Parent's First Names: _____ Last Name: _____

Hebrew Names: (if applicable) _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

PARTICIPANT/GUARDIAN MEDICAL AND EMERGENCY RELEASE

(Name of participant) _____ has permission to attend Circle of Friends events and to participate in all activities planned by Circle of Friends. (*unless stated below)

I agree not to hold Circle of Friends liable for any accident, loss or theft that may occur during the course of an event. I hereby give my permission Circle of Friends to hospitalize and/or secure necessary treatment or anesthesia for participant, as named above, in the event that I cannot be reached in an emergency. I hereby give my permission that paramedics can transport participant to the nearest hospital, if necessary. I have indicated any pertinent medical information below. I agree to the terms and conditions of this application

____ I hereby give permission to administer (non emergency) medications to _____ upon my request as per written instructions
participant

I permit my photo/video to be used for publicity purposes. YES NO

Participant or /Guardian Signature _____ Date _____

