



Please Return Form To Reality Ministries:
 P.O Box 242 info@realityministries.org
 Durham, NC 27702 Phone: (919) 688-7776

Participant Registration Form

Name: (First) _____ (Last) _____ DOB: _____

Does Participant live Independently With Family In Group Home Other: _____

Participants Current Address: _____
 City: _____ Zip: _____

Participants Home Phone: _____

Participants Cell Phone: _____

Participants Email Address: _____

Participant's Legal Guardian (*If different than participant*): _____

Guardian's Phone Number(s) _____ Email: _____

Guardian's Address: _____

Contact Information

Main Contacts: *These contacts will get important information regarding Reality Ministry programming, scheduling, cancelations, etc.*

Primary Contact Name: _____

Relationship to Participant: _____

Best Phone Number(s): _____

Best Email Address(es): _____

What is the best way to communicate with this person: Email Phone Mail

Optional:

Secondary Contact Name: _____

Relationship to Participant: _____

Best Phone Number(s): _____

Best Email Address(es): _____

What is the best way to communicate with this person: Email Phone Mail

Emergency Contacts: *These contacts will be contacted in the case of a medical or other emergency while participant is at Reality event. If emergency contacts are the same as "Main Contact" above, just put the person's name.*

Emergency Contact #1 Name: _____

Relationship to Participant: _____

Best Phone Number(s): _____

Emergency Contact #2 Name: _____

Relationship to Participant: _____

Best Phone Number(s): _____

Participant Information

Participant's Intellectual/Developmental Disability Diagnoses:	
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Other Relevant Diagnoses (including physical and mental health):	
Allergies: <i>Please include food, medication, or seasonal allergies.</i>	
Other Dietary Considerations:	
Does the participant have seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please fill out our seizure information form</i>
Medications participant is currently on <i>(If medication changes at any time, it is important to let Reality Ministries staff know):</i>	
Which of the following should NOT be given to participant	<input type="checkbox"/> Aspirin <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> Acetaminophen (Tylenol)

Swim Level: *(Reality requires the use of life jackets for all staff, volunteers, and participants)*

Should NOT get in water Needs Assistance Independent

Reading Level: Does Not Read Can recognize some words Reads simple phrases Fluent Reader

Please describe participant's regular daily and weekly activities *(Job, volunteering, hobbies, school, etc):*

Describe what makes the participant really happy:

Describe things that make the participant frustrated, anxious, or angry:

Please describe helpful ways to respond if participant gets frustrated or upset:

Please share any other information you think we should know:

Are there any service providers involved in participant's life at this time? *(Care Coordinators, therapists, day programs, one-on-one support workers, school, etc):*

T-Shirt Size: _____ How did you hear about Reality? _____

What programs are you interested in?: Evening Gatherings Daytime Special Events Summer



Permission Release

--To be filled out by legal guardian of participant--

I, _____, am filling out this permission release for ("*Myself*" or *participant's name*)
_____, who will henceforth be referred to as "**Participant**".

**Please initial or use check mark next to each line to indicate your permission.*

I give Reality Ministries permission to use participant's name and/or picture in presentations, media releases, newsletters and marketing materials solely for the purpose of promoting Reality Ministries.

I give Reality Ministries permission to release basic information (contact info, allergies, and pertinent medical information or conditions) to volunteers as deemed necessary and appropriate by the Reality Ministries staff.

I agree to release Reality Ministries, its staff and volunteers, from all liability for any accidental injury to participant or participant's possessions during Reality Ministries events.

I give my permission to the medical personnel selected by the Reality Ministries staff to order hospitalization, treatment, anesthesia and surgery if necessary in case of an emergency when guardians and/or caregivers cannot be reached.

I give permission to all male and female staff and volunteers designated by Reality Ministries to provide transportation for participant. Further, I agree to release Reality Ministries from all liability for any accidental injury to participant or participant's possessions while using this transportation.

Please state any special instructions pertaining to the permission release here:

Print Name of Participant *and* Guardian: _____

Signature of Guardian: _____

**If you are unable to print and sign this release at home, you can send it back without the signature and sign it during your Introduction Meeting.*

Before attending any Reality Ministries events, we'd love to meet you! To set up an Introduction Meeting please contact Allison Waters by calling Reality Ministries office at **919-688-7776** or emailing **info@realityministries.org**