



Annual Enrollment Form – 2017-2018

Client's Name _____ Date of Birth _____ Male Female

Parent/Guardian's Name(s) _____ Home Phone _____

Home Street Address _____ City _____ State _____ Zip _____

Ethnicity - (This optional information is requested for yearly Census and additional Grant reporting.)

Primary Cell Phone Mother Father Self Guardian

Secondary Cell Phone Mother Father Guardian

Primary Work Phone Mother Father Self Guardian

Secondary Work Phone Mother Father Guardian

Primary Email Mother Father Self Guardian

Secondary Email Mother Father Guardian

Parent/Guardian or Client Employer _____

Parent/Guardian Employer _____

Street Address of Non-Custodial Parent (if applicable) _____ City _____ State _____ Zip _____

School/Special Education/Work Program or Group Home _____

Name/Title of others who assist the client/family _____ Phone _____

Referred by a community mental health agency. Agency name _____

If you are new to FAR, what programs are you interested in?

- Art Therapy Yoga Recreation/Social Groups
 Music Therapy Hockey Other
 Dance Therapy Bowling
 Recreation Therapy Adaptive Music Lessons

Client's Health & Development Status: (Check all that apply)

Primary Diagnosis _____

Secondary Diagnosis _____

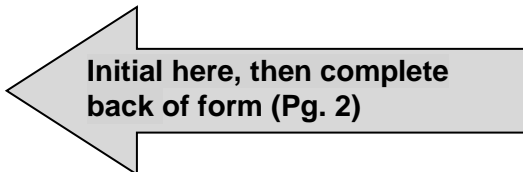
- Developmental delay Cognitive Allergies
 Communication Behavior Issues Medications
 Medical Restrictions Adaptive/ Self-help Communicable Disease(s)
 Physical Wheelchair/Walker user Other
 Vision & hearing Seizures

If you checked any of the above, please explain _____

IT IS THE POLICY OF FAR:

- Annual Enrollment, Participant Code of Conduct and Registration forms must be completed, signed (if applicable) and returned to the office prior to the first session.
Payment is due in full, prior to the first session, unless alternative arrangements have been made.
Credits on account must be claimed within six months or will be forfeited.
I have received and read the FAR Policies page.

Initial here your understanding of the above _____



Emergency Contact Information
Additional contacts other than Parent/Guardian listed on front.

Emergency contact person (Primary)	Relationship to Client		
Street Address	City	State	Zip
Home phone	Cell phone	Work Phone	
Emergency contact person (Secondary)	Relationship to Client		
Street Address	City	State	Zip
Home phone	Cell phone	Work Phone	

AUTHORIZATION AND RELEASE FOR CLIENTS UNDER THE AGE OF 18 OR ADULT CLIENTS WITH A GUARDIAN

As the Parent(s)/Guardian(s) of _____ (hereafter, the "client"), I/We agree to the following:

- I/we hereby release FAR Therapeutic Arts and Recreation (hereafter "FAR"), its employees, agents & co-sponsors from any and all claims of liability which might arise in connection with its programs and public performances and activities.
- In the event of an emergency, the staff of FAR is authorized to take whatever action is deemed necessary.
- Photo, video, film, interviews and artwork of the client may be sold or reproduced or used for information or publicity relating to FAR in print, on the FAR website or any social media.
- The above client may participate in public performances with FAR.
- FAR may contact the above client's teacher, school, doctor and/or therapist for information, and I consent to the release of personally identifiable information from education records.
- I/we understand that FAR assumes no responsibility for any injury that might be suffered by the client and that the client and parent assumes all risk for personal injury, loss or damage of property including but not limited to any injury sustained from riding in the FAR van during activities that involve travel (including but not limited to, community activities, Social Connections and Hockey events).
- I understand and agree that I will REMAIN AT THE SITE AT WHICH MY CHILD IS BEING SERVED, AND THAT A RESPONSIBLE ADULT MAY BE SUBSTITUTED IF THERE IS A WRITTEN AUTHORIZATION ON FILE WITH THE OFFICE IN ADVANCE.

Signature of Parent(s)/Guardian(s)	Date
Signature of Parent(s)/Guardian(s)	Date

AUTHORIZATION AND RELEASE FOR CLIENTS AGE 18 AND OVER (IF OWN GUARDIAN)

I, _____ (hereafter, the "client") agree to the following:
 (Client Name)

- I hereby release FAR, its employees, agents & co-sponsors from any and all claims of liability which might arise in connection with its programs and public performances and activities.
- In the event of an emergency, the staff of FAR is authorized to take whatever action is deemed necessary.
- Photo, video, film, interviews and artwork of the client may be sold or reproduced or used for information or publicity relating to FAR in print, on the FAR website or any social media.
- The above client may participate in public performances with FAR.
- FAR may contact the above client's teacher, school, doctor and/or therapist for information, and I consent to the release of personally identifiable information from education records.
- I understand that FAR assumes no responsibility for any injury that might be suffered by the client and that the client assumes all risk for personal injury, loss or damage of property including but not limited to any injury sustained from riding in the FAR van during activities that involve travel (including but not limited to, community activities, Social Connections and Hockey events).

Signature of Client	Date
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