



REGISTRATION

August 2019 - May 2020 Session

Each individual participant should complete **both pages** of this form and **sign the second page**. Please type or print your information.

Name of participant

Name of caregiver who will bring you (if applicable)

Mailing Address

City State Zip

E-mail address

Phone of caregiver who will bring you (cell)

Please tell us about yourself:

Male Female Age _____ Highest level of education completed _____

What I am diagnosed with:

- Autism spectrum disorder
- Down's syndrome
- ADHD/OCD
- Anxiety or Depression
- Other (specify) _____

What I would most like to improve in:

- Preparing for job or education
- Speaking in public or to strangers
- Understanding social situations
- Other (specify) _____

What I hope to gain from this program (please be specific): _____

This registration form (both pages) should be signed and mailed to: Applied Theatre Center, PO Box 26471, Greenville SC 29616 with payments. There is a program fee of \$250 for the entire program which may be paid in two installments of \$125 each (due Aug. 15, 2019 and Jan. 2, 2020).

For questions regarding the program or for additional information, please contact: Dr. Dale Savidge dsavidge@appliedtheatrecenter.org

Do not write below this line _____

Date Received _____

Amount received _____





INSURANCE RELEASE FORM

(must be signed by all participants)

In consideration for participation at the Activities and Youth Ministry Center (AYMC) at First Baptist Greenville (FBG), I agree to the following:

LIABILITY

I understand that FBG assumes no responsibility for injuries that I or anyone in my family or under my control during my participation may sustain as a result of my physical condition or resulting from my participation in any activities, the use of any equipment, or exercise. I hereby voluntarily release and discharge FBG, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage that I or anyone in my family or under my control may suffer as a result of participation in these activities. I assume all risk for any and all injuries and illnesses that may result from participation in these activities.

TREATMENT

I agree that in the event that I am injured or become ill while participating in any activity at the AYMC, I authorize FBG representative(s) and any attending medical personnel, should I be unable to make a decision, to perform medical treatments and/or procedures as they deem necessary and proper under the circumstances. I agree to hold blameless FBG, its representatives or attending medical personnel, from any and all actions, related risks and dangers, including negligence damages, and liabilities arising out of the treatment of any sickness or injury. I also agree to assume full financial responsibility for all medical treatment and to waive any right that my family or I may have to bring a legal action to assert a claim against FBG.

PROPERTY

I understand that FBG is not responsible for personal property lost or stolen while members and/or program participants are using FBG facilities or on FBG property.

I have read and understand the insurance information above:

Signature _____

Printed name _____

Date _____

Signature, parent or guardian (if under age 18) _____