

## BOOST Conductive Education Registration Form



**\*Participant's First, Last Name:**

**\*Type of program you would like to register for:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Birthdate:**

**Age:**

**Gender:**

**School:**

**Grade:**

**t-shirt size:**

**Mother's First, Last Name:**

**Email Address:**

**Cell Phone:**

**Father's First, Last Name:**

**Email Address:**

**Cell Phone:**

**Aide's First, Last Name:**

**Email Address:**

**Cell Phone:**

**Nature of Disability:**

**Family Doctor:**

**Phone:**

**\*Allergies and Health Concerns:**

### Emergency contact information

**Name/relation:**

**Phone:**

**Name/relation:**

**Phone:**

**List child's current physical abilities:**

**Number of volunteers needed to help assist you and your child:**



## BOOST Conductive Education Year Round Program Consent and Release Form

I give permission for my child \_\_\_\_\_, to attend BOOST Conductive Education Year Round Program sponsored by UCP of the North Bay (UCPNB). He/She may participate in all program activities.

I agree, on behalf of myself, other members of my family, and my child, to indemnify, hold harmless, save and defend BOOST Conductive Education, its Director, Conductors, assistants/aids and volunteers, UCPNB, Cypress School or Rincon Valley Union School District, their officers, directors, employees and agents from and against all liability, claims and damages, including costs and attorney's fees, arising as a result of injury or damage to my child while in attendance at BOOST Conductive Education or while participating in any BOOST Conductive Education activity.

I agree to give my child his/her needed medications before or after the program hours. If my child requires a gastronomy tube, I agree to administer all feedings. I understand conductor-teachers, staff, and volunteers will not be allowed to administer medications or gastronomy tube feedings to participants at BOOST Conductive Education.

I give permission for BOOST Conductive Education conductor-teachers, staff, and volunteers to use generally accepted methods of medical treatment for my child if he/she should have a medical emergency while at BOOST.

I agree to cooperate with all UCPNB and BOOST Conductive Education procedures and regulations. I understand that failure to cooperate with said procedures and regulations could result in my child's permanent removal, without a refund, from BOOST Conductive Education

UCPNB and BOOST Conductive Education organizers have my permission use slides, videos, and prints taken of my child during BOOST Conductive Education. I understand the slides, videos, and prints will be used for educational and promotional purposes, including but not limited to newspapers, televisions, newsletters, and public display.

Photo Release: Yes, I give consent\_\_\_\_\_(Initial); No, I do not give consent\_\_\_\_\_(Initial).

Video Release: Yes, I give consent\_\_\_\_\_(Initial); No, I do not give consent\_\_\_\_\_(Initial).

\*Parent/Guardian Signature:

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\*Date:

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**Please fill out the whole form if:**

- **Your child is new to Boost and has never attended any of our programs before.**
- **If you are a returning student, you only have to fill the parts out that have changed, or are marked with a \* .**