**ILRCC REGISTRATION FORM 2019**

PLEASE PRINT

**COMPLETED FORMS AND FEE PAYMENT TO BE RETURNED TO #134, 3359 27 STREET NE CALGARY AB T1Y 5E4 OFFICE HOURS Monday to Thursday 8:30 a.m. - 3:00 p.m., Friday 8:30 a.m. – 1:00 p.m.**

**PHONE: 403-263-6880. Fax 403-263-6811. Email learn@ilrcc.ab.ca**

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| --- | --- | --- | --- | --- | --- |
| PROGRAM : | | Fall | | | |
| PARTICIPANT NAME: | |  | | | |
| ADDRESS: | |  | | | |
| PHONE | |  | | | |
| EMAIL | |  | | | |
| **ACCESS #** | |  | | | |
| EMERGENCY CONTACT NAME: | |  | | | |
| EMERGENCY CONTACT PHONE: | |  | | | |
| SUPPORT WORKER: | |  | | | |
| SUPPORT WORKER EMAIL/PHONE | |  | | | |
| List any Sensitivities (light, sound, etc.), Dietary Restrictions, Mobility Issues, Other information helpful for staff to know | |  | | | |
| **PROGRAM NAME** | **DAY** | | **TIME** | **PROGRAM FEE** | **PRE PAID ADMISSION** |
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| **TOTAL** |  | |  | **$** | **$** |
| **Payment By:** |  | |  |  | |
| Visa or Mastercard | $ | | Name on Card | Card Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiry Date:  \_\_\_\_/\_\_\_\_(Month/Year) | |
| Cash | $ | |  |  | |
| Cheque | $ | |  |  | |
| **PHOTO CONSENT (OPTIONAL)**  The undersigned does hereby authorize the Independent Living Resource Centre of Calgary (ILRCC) and/or its associates, assistants, or subcontractors to photograph / film during programs.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  PARTICIPANT/TRUSTEE/GUARDIAN Signature Date  The undersigned authorizes ILRCC to permit the use and display of said photographs in any publication, multimedia production, display, advertisement or World-Wide Web Publication. Permission may be revoked at any time in writing. | | | | | |