**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**

|  |  |
| --- | --- |
| 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 DateThe 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. |