



2010 MASTER RECREATION REGISTRATION FORM

This form must be completed for the current year to be eligible to participate.

Name: _____ D.O.B. : _____
Address: _____
City: _____ State: _____ Zip: _____
Home Telephone: _____ Other Telephone: _____
AAC participant attends: [] Beachwood [] E. Cleveland [] Euclid [] Maple Heights
CCBDD Community Employment site: _____
EMERGENCY CONTACT INFORMATION
Name: _____ Relationship: _____
Telephone Number: _____ Other Telephone: _____

RELEASES: Please check as applicable. Be sure to mark a check box for each of the 3 consents.

As a participant or legal guardian of a participant of the Quantum LEAP Recreation program I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge LEAP/ Quantum LEAP Recreation program, all participating City Recreation Departments (their officers, employees, officials and agents, jointly and severally) from any and all claims, demands, actions, judgments and executions, which may arise out of my participation in the Quantum LEAP Recreation program. Further, I hereby agree, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold and save harmless from and against any and all actions, claims, demands, liabilities, loss damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my participation in the Quantum LEAP

Recreation program. [] Consent

Emergency Treatment: In case of emergency, we will call 911. Additionally, every effort will be made to contact the individual(s) listed as Emergency Contact(s) on the Quantum LEAP Registration Form. In the event that contact cannot be made, I hereby grant permission for physicians, dentists, or other licensed health care providers to perform emergency procedures as necessary.

[] Consent [] Do Not Consent

Photo/Story Release: I hereby grant permission to representatives of Linking Employment, Abilities & Potential (LEAP) and/or our affiliated agency, Lutheran Metropolitan Ministry (LMM) to take and use photographs and/or video as well as print information about participant in my/his/her capacity as a consumer/participant of services. I understand that the images and information may be used for public information and education and program description, whether electronic, print or digital. Examples include but are not limited to: brochures, Annual Reports, website, newsletters, promotional flyers and press releases. I understand that no

compensation is provided. [] Consent [] Do Not Consent

Participant/Guardian Signature

Date

Mail Registration Forms/Fees to:
Quantum LEAP Registration
Attn: Gary Edler
1468 W. 25th Street
Cleveland, OH 44113

For more information about registration contact:
Gary Edler at 216.696.2716 x 101
To volunteer, contact Maria Wolf at 216.696.2716 x 109
Registration forms, fliers, directions and other program
information is available at www.leapinfo.org

Program space is limited and is available on a First Come-First-Served basis.
Participants must be 18 years of age or older.

