



2012 MASTER REGISTRATION FORM

Participants must be 18 years of age or older.

PARTICIPANT INFORMATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Telephone Home _____ Other _____ E-Mail Address _____

Group Home/House Manager's Name _____

Group Home/House Manager's Telephone _____

AAC participant attends Beachwood East 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 check a box for each of the three consents.

General Release: As the participant or the legal guardian of a participant in the Quantum LEAP Program, I, the undersigned, on behalf of myself, my heirs, executors, administrators, and assigns, do hereby release and discharge LEAP/Quantum LEAP Program and 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 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 Program.

Consent

Emergency Treatment: In case of emergency, we will call 911. In addition, 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 and Potential (LEAP) to take and use photographs and/or video as well as print information about me/the 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 descriptions, whether electronic, print, or digital. Examples include but are not limited to brochures, annual reports, web sites, newsletters, promotional flyers, and press releases. I understand that no compensation is provided.

Consent **Do Not Consent**

Participant/Guardian Signature _____ Date _____

Mail registration, sign-up form, and fees to:
Quantum LEAP, Attention Gary Edler
2545 Lorain Ave., Cleveland OH 44113-3412

For additional information, contact:
Gary Edler, 216-696-2716, ext. 822
Registration forms, flyers, and program information
are available at www.leapinfo.org.



**This form must be completed for the current year.
Program space is limited and is available on a first-come, first-served basis.**