## **SOAR Program Registration Form**

Please return the completed form along with the fee to The Hub located at 115 E. Washington St. Suite 103, Bloomington, IL 61701. For further information, call 434-2260.

Participant's Na	ame				Gende	er
City			Zip	Home Ph	one	
	Birthdate					
Primary Emerg	jency Contact					
Secondary Emergency Contact(s)						
	PROGRAM NAME			PROGRAM FEE	TRA	ANSPORTATION FEE

(Please turn page over to complete seasonal registration form)

TOTAL:	\$

To help SOAR provide safe and satisfactory participation in program situations, or other issues that may effect participation in SOAR pro		nanges in medications, behaviors, living		
Publicity Statement:  I Do □ Do Not □ give my permission for pictures to be taken of the participant to be used by SOAR for the purpose of agency promotion and education.  Transportation:	Emergency Treatment Permission  I know that SOAR does not carry medical or accident insurance. My own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of each person.			
I Do □ Do Not □ give my permission for the participant to receive transportation in vehicles owned or rented by SOAR for use in weekly programs and special events.	I Do Do Not Dagree to emergency treatment by a physician or hospital in the event that I can't be reached.			
Signature of parent or legal guardian:(participant needs to sign		Date:		
Must complete if us.	ing VISA, MasterCa	ard		
Card NumberEx	piration Date	V-code on back of card		
Name of Cardholder		Charge Amount: \$		
Authorized Signature				
SOAR PO Box 3157 Bloomington, IL 61702-3157 (309)434-2260		PRSRT STD U.S. Postage PAID BLOOMINGTON, IL PERMIT NO. 116		
Dated Information: Please Distribute Promptly				

If this brochure is not desired, please call (309) 434-2260.

Please keep this brochure as a reference for dates, times, and locations.