

## Activity Registration

**Have you received services/support with Community Living Essex County in the past six months?**    Yes    No

If yes, please fill out only sections 1 and 2. If no, please complete the entire form.

Information collected on this form will be entered into the Community Living Essex County database.

Section 1A: Participant Information	
First Name:	Last Name:
Address:	
City:	Postal Code:
Phone Number:	Cell Phone #
Email Address:	
Date of Birth:	
Section 1B: Primary Contact	
Relationship to Participant:	
First Name:	Last Name:
Address:	
City:	Postal Code:
Home Phone #:	Cell Phone #:
Email Address:	

Sections 2: Support Information	
<b>Describe the support you require for this activity. Please check one:</b>	
I do not require support for this activity.	<input type="checkbox"/>
I am attending with my own paid support professional or family member.	<input type="checkbox"/>
I would like to purchase support for this activity from Community Living Essex County. <i>We will follow-up with you to coordinate.</i>	<input type="checkbox"/>
If you require additional personalized support we are able to provide this for an additional fee for service option. Please contact <a href="mailto:ncrawford@communitylivingessex.org">ncrawford@communitylivingessex.org</a> for more information.	

Section 3: Additional Support Information	
<b>Do you use mobility aids and/or require assistance with mobility?</b> Please explain.	
<b>Health Considerations:</b> Are there any health and/or medical needs that we should be aware of? (ie. physical health restrictions, medications, allergies, dietary needs, seizures etc.)	
<b>Support Needs:</b> Assistance with personal care, communication, level of independence, behavioural support needs.	

I understand and agree that Community Living Essex County shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, property damage or lost or stolen property as a result of my participation in this activity.

Registration/Payment:

- \* Registration/payment must be received 14 days in advance of the activity date, unless otherwise noted.
- \* We are not able to provide a refund if registered participants cannot attend an activity.
- \* Completing the form does not guarantee that there will be availability for you in your selected activity. Confirmation will be sent via email.

Cancellations:

- \* Specific activities are held based on minimum number of registrants.
- \* Alternate plans may be made due to weather conditions or other unforeseen circumstances. Registrants will be notified by email and/or telephone.

*Supporting people who have an intellectual disability and their families since 1961.*

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