



FALL 2024 ANNUAL MEMBER INFORMATION FORM

MEMBER INFORMATION

PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE FILLED OUT COMPLETELY IN ORDER TO REGISTER FOR PROGRAMS.

Member's Name _____

I am my own legal guardian Yes No If no, name of legal guardian _____
Please include a copy of legal guardianship papers to this form

Birth Date _____ Age _____ Gender ID _____

Ethnicity: Alaskan Native Black Eastern Asian Hispanic/Latino Native American Southern Asian
 Western Asian White Multi-Race Prefer to self-describe _____ Prefer not to say

Primary Language: Arabic Chinese English Polish Spanish Tagalog
 Prefer to self-describe _____ Prefer not to say

Primary Disability _____ Secondary Disability _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

PARENT/GUARDIAN INFORMATION (or agency if primary contact)

Primary Contact Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____
Same as Member: Yes No

Employer _____ Phone _____

Email _____

Secondary Contact Name _____ Relationship _____

Home Phone _____ Preferred phone and Email _____

Address _____ City _____ State _____ Zip _____
Same as Member: Yes No

If applicable

School or Agency _____ Teacher/Case Manager _____

Contact Phone _____ Email _____

Emergency Contact/Nursing Office _____

MEDICATIONS (Please do not leave blank) NOTE: Members traveling in the community need an updated P.O.S.

Please list ALL medication(s) that the member is currently taking. Include dosage, time and purpose.
You may substitute physician medication sheets.

Medication	Dosage	Time	Purpose	taken during program
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Assistance needed during medication: None Verbal guidance Mixed with food Other _____

Note: Any medication taken at CEL will require a physician's order. Medication will be stored at CEL.

MEMBER NAME: _____

MEDICAL INFORMATION (Please do not leave blank) *NOTE: Members traveling in the community need an updated P.O.S.*

Please check if you have any of the following:

Visual Impairment Hearing Impairment Physical or Activity Restrictions Atlanto-Axial instability

Seizures Details _____

Diet Restrictions Details _____

Allergies Details _____

Any additional medical information you feel we should know:

PLEASE NOTE: THE WAIVER AND RELEASE CLAIM AND THE PHOTO RELEASE ARE TWO SEPARATE FORMS AND SIGNATURES ARE REQUIRED ON BOTH RELEASES

WAIVER AND RELEASE OF CLAIMS

Please read this form carefully and be aware that in consideration of CEL's acceptance of the above named member as a participant in its programs, the undersigned, for myself, or on behalf of the (member/applicant) expressly agrees to assume full risk of any injury (s), damage(s), or loss, regardless of severity, which I, or my dependent may sustain as a result of participating in any activity(s) connected or associated with CEL's programs. I further agree to waive and relinquish any and all claims I or my dependent may have against CEL, its officers, agents, servants and employees as a result of participating in any CEL program(s), and fully release and discharge CEL and its officers, agents, servants and employees from any and all claims from injuries, damages and losses suffered by me or my dependent arising out of, connected with, or in any way associated with CEL's programs.

In the event of an emergency, I hereby authorize the Center for Enriched Living, its officers, agents, servants and employees to secure from any licensed hospital, clinic, physician and/or medical personnel any treatment deemed necessary or advisable for my or my dependent's immediate care, and for transportation thereto, and agree that I will be responsible for the payment of any and all costs incident thereto.

I have read and fully understand the foregoing waiver and release of claims. The information that I have provided on this registration is true to the best of my knowledge at this time. This waiver and release of claims expires three (3) years from date signed unless a request from the member (if own guardian) or member's legal guardian is received in writing.

Date _____ Signature of Member _____

Date _____ Signature of Legal Guardian _____

PHOTO RELEASE

The undersigned recognizes that my, (or my dependent's) image or likeness may be taken in the course of my/his/her participation in CEL's programming. I hereby grant my consent for the use of any such photograph/video/likeness, and/or use of my/his/her name in promoting the name and/or purpose of the Center for Enriched Living.

This photo permission/publicity release expires three (3) years from date signed unless a request from the member (if own guardian) or member's legal guardian is received in writing.

Date _____ Signature of Member _____

Date _____ Signature of Legal Guardian _____

Please Check One Box:

I DO give photo consent I DO NOT give photo consent

NEW MEMBER INFORMATION FORM

Please use this form if you have never attended a CEL Program, or if it has been more than 3 years.

MEMBER NAME: _____

SUPPORT NEED(S) INFORMATION

Eating Assistance Required Details _____

Assistance in Restroom Details _____

Mobility Assistance Required Details _____

Any additional information you feel we should know:

PLEASE CHECK ALL THAT APPLY:

Communication: Expresses self verbally Facial expressions and/or gestures Other _____

Sign Language Hearing Aids Communication System (Ex. device, PECS, picture schedule)

Please Elaborate:

WAYS TO ENSURE I HAVE A GOOD EXPERIENCE - Please complete.

I'm interested in these types of programs:

- | | | |
|---|---|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Games | <input type="checkbox"/> Men's Groups |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Holiday Parties | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Overnight Trips |
| <input type="checkbox"/> Employment Opportunities | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Ladies' Groups | <input type="checkbox"/> Theater |
| | | <input type="checkbox"/> Other _____ |

My preferred activities are:

Some things that might upset me are:

It calms me to:

