



CLUB 21 APPLICATION for PARTICIPANTS

Date of Application: ____/____/____

PARTICIPANT INFORMATION:

Participant Name: _____ Date of Birth: ____/____/____
(Last) (First) (MI)

Address: _____ City/State/Zip _____

LEGAL GUARDIAN INFORMATION:

(Name) (Relationship) Home Phone/Cell or Work

(Name) (Relationship) Home Phone/Cell or Work

Legal Guardian Email: _____

Check this box if the participant is the legal guardian

EMERGENCY CONTACT INFORMATION:

(Name) (Relationship) Home Phone/Cell or Work

(Name) (Relationship) Home Phone/Cell or Work

Signature of Legal/Guardian: _____ Date: _____

MEDICAL INFORMATION:

Diagnosis/Disability: _____

How does this diagnosis affect the participant? _____

Please share any information that would help us in serving this individual. _____

MEDIA CONSENT:

I will allow my/my participant’s photograph, program work or written language describing my/my participant’s activities during a Wellspring Community program to be published on any Wellspring Community media outlet.

_____ Yes _____ No

REGISTRATION FEE INFORMATION:

Program Name: CLUB 21

Quarterly Registration Fee: **\$35.00**

Due: January 1st; April 1st; July 1st; October 1st

(Please complete the information below if you need assistance with the fee)

Please identify the amount you can initially contribute towards the fee: \$_____

Please identify when you can pay the remainder: ____/____/____

Please mail completed application and the required registration fee to the address below.