

CENTER FOR HUMAN DEVELOPMENT, INC.-Disability Resources

64 Century Way, West Springfield, MA 01085 Phone: 413-788-9695

Participant Registration and Release

This waiver covers all program activities and events from January 1, 2020 to December 31, 2020

Families may register on one form. Unrelated participants use separate forms. You must be a parent or legal guardian to register children under 18 years old.

Please print

Participant names(s) _____ Date _____
Date of birth _____ Phone _____ Cell _____
Diagnosis: _____ Special equipment needed _____
Allergies _____ Race _____ Ethnicity _____
Parent/Guardian Name (if guardian is the point of contact): _____
Place of employment _____ E-mail _____
Address: Street _____ City _____ State _____ Zip _____
Emergency Contact Name _____ Relationship _____
Contact phone _____ Cell phone _____
How did you hear about this program or who referred you _____

****INCOME LEVEL:** (Confidential information used anonymously only for grant reports)

- 1) Circle the number of family and non-family members living in your household below.
- 2) Circle the corresponding income level that's *in the same box as the family size*.

FAMILY SIZE

FAMILY INCOME LEVEL

		<u>30% of Median</u>	<u>50% of Median</u>	<u>80% of Median</u>
1	→	\$0-\$18,650	\$16,951-\$31,050	\$28,251-\$49,700
2	→	\$0-\$21,300	\$19,401-\$35,500	\$32,301-\$56,800
3	→	\$0-\$23,950	\$21,801-\$39,950	\$36,351-\$63,900
4	→	\$0-\$26,600	\$25,101-\$44,350	\$40,351-\$70,950
5	→	\$0-\$30,170	\$29,421-\$47,900	\$43,601-\$76,650
6	→	\$0-\$34,590	\$33,741-\$51,450	\$46,851-\$82,350
7	→	\$0-\$39,010	\$38,061-\$55,000	\$50,051-\$88,000
8	→	\$0-\$43,340	\$42,381-\$58,550	\$53,301-\$93,700

← Check box if you ARE receiving Social Security/Disability income benefits.

Please read and sign below:

I, _____, as a participant(s), or parent or legal guardian of a participant in the Disability Resource Program, hereby release and agree to hold harmless the Center for Human Development (CHD), its employees and agents from all claims, loss, damage, expenses (including legal fees and costs) and/or injuries which may result from my participation in its programs or events or transportation services provided by CHD. I warrant that I have discussed the potential risks and benefits of my participation in such activities or events with my primary health care professional, and have chosen to participate after due consideration of the personal risks and benefits.

Participant Signature (for those over 18) _____ Date _____

Parent/Guardian Signature (for those under 18) _____ Date _____

Code of Conduct

I have read and understand the requirements of the Code of Conduct of the CHD's Disability Resources. I understand that I'm expected to behave according to this code and I understand that there may be sanctions or penalties if I do not. Due to the nature of this program, your parent/caregiver may also be contacted while you are participating in the program.

Athlete-Participant Signature

Date



332 Birnie Ave.
Springfield, MA 01107
413-733-6624

Name: _____

Name of parent / legal guardian: _____
(if participant is a minor)

Address: _____

City, State, ZIP: _____

Telephone: _____

I hereby give permission to be interviewed, photographed or videotaped by or on behalf of the Center for Human Development, Inc. (CHD). It is my understanding that this interview/photograph/video or portions thereof will be used for furtherance of the agency's work, and consent that my name, picture, likeness or voice may be used by the Center for Human Development, its successors, assigns, licensees, and agents and may be used, reproduced, published, exhibited, distributed and otherwise turned to account, through any medium (including social media) whatsoever without limitation as to time, place, manner or extent.

I understand that consent may be revoked at any time by contacting the Office of Development (BCraft@CHD.org). Revocations cannot be applied retroactively; but apply only to future use. Materials developed prior to the revocation are not subject to its limitations.

I am not being paid and I understand that this releases CHD from any future claims, as well as from any liability, arising from the use of the said interview/photograph/video.

Social Media Print Advertising Internal CHD email ← Check if you are ok with pictures/video

Signature of Client or Parent/Legal Guardian

Date

I am the case worker/assistant/helper for the person signing this release and explained the release to the participant. He/she understands the release and is participating voluntarily.

Witness, Center for Human Development
(For DDS clients)

Date