



**Calvary Chapel Rialto**

# **Regions Beyond Registration Form**

## **Assisting Children and Adults with Developmental Disabilities**

“My grace is sufficient for you, for my strength is made perfect in weakness”  
2 Corinthians 12:9

### ***Waiver of Liability:***

I hereby release, acquit and forever discharge the staff and other persons associated with Calvary Chapel Rialto’s Regions Beyond ministry from any liability in case of sickness or injury of \_\_\_\_\_ on or about the premises of said facility. I also agree that my adult/child will receive spiritual instruction according to the Word of God.

### ***Photographic Release:***

I will also give \_\_\_\_\_/do not give \_\_\_\_\_ (*initial one*) my consent to Calvary Chapel Rialto to photograph the above named person without limitation to use such pictures in connection with any work of Calvary Chapel Rialto.

\_\_\_\_\_ (*initial*) I will not leave the church premises while my adult/child is in class.

***Note: All information provided will be kept confidential***

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I have read, understood and agree with all of the above statements.

Parent/Guardian: \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(signature)

## General Information

### *Contact Information:*

Name of parent/guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Alternate contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Full name of adult/child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

List brothers and sisters and their ages: \_\_\_\_\_

\_\_\_\_\_

### *Medical Information:*

In what area or areas is your adult/child physically or mentally challenged?

\_\_\_\_\_

\_\_\_\_\_

Please list any specialized equipment used: \_\_\_\_\_

Does your adult/child tend to wander away? \_\_\_\_\_

Describe any particular interests, likes, dislikes or fears: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any reason your adult/child cannot take part in ordinary physical activities?  
(Such as running, jumping, etc.)

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has your adult/child ever had a history of or demonstrated any sexual or physical behavior that could put him/her or others at risk? \_\_\_\_\_

Please explain: \_\_\_\_\_

**Note: All information provided will be kept confidential**

***Please check all that apply:***

- |                                    |                      |                            |
|------------------------------------|----------------------|----------------------------|
| _____ Allergies                    | _____ Epilepsy       | _____ Seizures             |
| _____ Asthma                       | _____ Hay fever      | _____ Toilet training      |
| _____ Cardiac difficulties         | _____ Feeding tube   | _____ Respiratory problems |
| _____ Diabetes                     | _____ Food allergies | _____ Sensitivity to sound |
| _____ Sensitivity to insect stings | _____ Other          |                            |

Please explain all items that you checked. If you need more space, please use the back of this page: \_\_\_\_\_

**Note: We are not allowed to give any medication at any time**

If your adult/child is in need of any medication, please administer it to them before or after class.

Please list any additional information: \_\_\_\_\_

***Upon completion please return to the Church office.***