

To help S.O.A.R. provide safe and satisfactory participation in programs, please list any changes in medications, behaviors, living situations, or other issues that may effect participation in S.O.A.R. programs:

Publicity Statement:

I Do *Do Not* give my permission for pictures to be taken of the participant to be used by S.O.A.R. for the purpose of agency promotion and education.

Transportation:

I Do *Do Not* give my permission for the participant to receive transportation in vehicles owned or rented by S.O.A.R. for use in weekly programs and special events.

Emergency Treatment Permission

I know that S.O.A.R. does not carry medical or accident insurance. My own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of each person.

I Do *Do Not* agree to emergency treatment by a physician or hospital in the event that I can't be reached.

Signature of parent or legal guardian: _____ Date: _____
(participant needs to sign if own legal guardian)

Must complete if using VISA, MasterCard

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Name of Cardholder _____ Charge Amount: \$ _____
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S.O.A.R.
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(309)434-2260

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please call (309) 434-2260.

Please keep this brochure as a reference
for dates, times, and locations.