Freedom Ride Inc

1905 Lee Road, Orlando, FL 32810
Phone: 407-293-0411 / Please return originally completed forms to the office

PARTICIPANT REGISTRATION INFORMATION – PLEASE WRITE CLEARLY IN INK		
Complete Name:		
Nickname:		Date of Birth:
Mailing Address:		
City:	County:	Zip:
City of Orlando Resident: Y N	Email Address:	
Home:	Cell:	Other:

PARENT/CAREGIVER / EMPLOYER / SCHOOL INFORMATION	
Name- Parent(s)/Guardian:	
Employer - Father:	Work#:
Employer - Mother:	Work#:
Name Caregiver:	Phone:
School/Institution Presently Attending:	

PHOTO RELEASE (CHECK ONE)

☐ **I DO** hereby consent to and authorize the use and reproduction by Freedom Ride and the City of Orlando of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.
-OR-
☐ **I DO NOT** give consent to use the above use of photo or video graphic materials.

Adult Signature:	Date:

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Freedom Ride to:

1. Secure and retain medical treatment and transportation, if needed
2. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

Emergency Contact:	Relationship:
Physician Name:	
Preferred Medical Facility:	
Health Insurance Company:	Policy:

☐ **CONSENT PLAN** – I GIVE consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached and/or cannot give authorization at the time of occurrence.
-OR-
☐ **NON-CONSENT PLAN** – I DO NOT give consent for emergency medical treatment/aid in the case of illness or injury while participating in activities with Freedom Ride, Inc. In the event emergency medical treatment/aid is required, I wish the following procedures to take place:

Adult Signature:	Date:

☐ Participant ☐ Parent ☐ Legal Guardian