



Potential Regardless of Ability

Adult PARTICIPANT Packet

Today's Date: _____ 1st Time Attending: _____ Updating Information: _____

Personal Information

Participant's Full Name: _____ Nickname: _____

Gender: M F Date of Birth: _____ Age: _____

Do you attend a church on a regular basis? yes no If so, where? _____

Who will be bringing you to RYAN events: _____

Phone Number: _____ Email address: _____

Do you prefer to receive Ryan updates about events through the mail or through your email? Mail Email

Contact Information

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ E-mail: _____

Emergency Contacts: (May be a parent, guardian, caregiver, etc.)

Name: _____ Relationship to you: _____

Phone No.: _____ Email Address: _____

Name: _____ Relationship to you: _____

Phone No.: _____ Email Address: _____

Participant's Medical Diagnosis/Type(s) of Disability

Diagnosis _____ Severity (Mild, Moderate or Profound) _____

Allergies: None Lotions Penicillin Asthma Insect Stings

Food: _____ Other: _____

Epi Pen (*Guardian must provide Epi Pen)

Dietary restrictions: _____

Please describe allergic reactions: _____

Other Important Medical Information Needed for Caregivers:

What types of activities do you enjoy most:

Participant Signature

Date

FOR UNLIMITED OFFICE ONLY:

- Added to spreadsheet
- Updated in ACS
- Receiving mailers monthly
- Added to constant contact

Notes:



fellowship community church

Authorization to Reproduce Physical Likeness



I grant Fellowship Community Church the right to photograph me, _____, and use my picture, silhouette, or other reproductions of my physical likeness in connection with advertisements, publications, and/or videos of Fellowship Community Church. These reproductions may include an exhibition, internet webpage, incorporation into a publication, church advertisement or promotion, or any other use of videos.

My signature below indicates that I have read and understand the meaning and effect of this release form.

Agreed and Accepted: (See below if you do not agree)

Signature of Participant or Legal Guardian

Date

Printed Name of Participant or Legal Guardian (please print)



I **DO NOT WISH** for Fellowship Community Church to use my picture, silhouette, or other reproductions of my physical likeness in connection with advertisements, publications, and/or videos of Fellowship Community Church. These reproductions may include an exhibition, internet webpage, incorporation into a publication, church advertisement or promotion, or any other use of videos.

Signature of Participant or Legal Guardian

Date

Printed Name of Participant or Legal Guardian (please print)

****Note:** This information will be in force until such time as the participant notifies the church in writing that they want the information to be changed.