



# Adult Disability Ministry Registration Form

## Fall 2011 – Summer 2012 Ministry Year

New to NHC Disability Ministry -OR-  Previously attended NHC Disability Ministry

**Glory Club** – Tuesdays, 7-8:00 p.m., Sept-May (fee: \$60)  Check # \_\_\_\_\_  Cash  
(Please make checks payable to NHC and include participant's name. Glory Club funds are used for Disability Ministry materials, equipment, entertainment, refreshments and the year-end banquet.)

**Friendship Class** – Sundays, 11:15 a.m.-12:15 p.m., Sept-July (no fee)

**PLEASE PRINT CLEARLY:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Living in:  Group Home  Private Home/Apt.

Group Home Name \_\_\_\_\_ Phone # \_\_\_\_\_

Group Home Contact Person \_\_\_\_\_

*(Please Note: Personal care attendants **must** be available to assist with special needs such as feeding, bathroom assistance and/or behavioral concerns.)*

Group Home Contact Email \_\_\_\_\_ *(in case of cancellations, special updates, etc)*

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Alternate Person \_\_\_\_\_ Phone #(s) \_\_\_\_\_

**Participant Information** (please check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Visual Impairment  | <input type="checkbox"/> Communication Difficulties | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Mobility Issues            | _____   |
| <input type="checkbox"/> Diabetic           | <input type="checkbox"/> Behavioral Concerns        | _____   |
| <input type="checkbox"/> Seizures           | <input type="checkbox"/> Allergies _____            | _____   |

**MEDICAL EMERGENCY:** In the event of a medical emergency, Disability Ministry staff will provide assistance to the participant, and/or the participant's caregiver and contact 911, if necessary. Participants agree to hold harmless New Hope Church efca, its staff, volunteers and sponsoring churches in the event of accidental injury or illness.

**PHOTOS:** New Hope Church Disability Ministry takes photos throughout the ministry year. These photos may be used in various ministry programs, publications and on the church website. Individuals included in these pictures will not be identified by name unless NHC staff receives verbal approval from the participant or appropriate caregiver or guardian.

**Mail to: NHC - Attn: Disability Ministry • 4741 Zealand Ave. N. • New Hope, MN 55428**