# Registration Form (attach additional pages if needed) The Clubhouse (a division of Second Heart Ministries of Reconciliation) PO Box 5 Burlison, TN 38015 T: (931) 264-1573 E: secondheartministries@gmail.com \* Required Registrant Identification 1. Full name \* \_\_\_\_\_ 2. Address \* 3. Home phone number \* \_\_\_\_\_\_4. Cell phone number \*\_\_\_\_\_ 5. Email address \_\_\_\_\_ 6. Preferred method of communication (Mark only one ) \_\_\_\_\_Email Phone 7. Date of birth \* \_\_\_\_\_\_8. Age \_\_\_\_\_ 9. Sex Mark only one \_\_\_\_\_ Female \_\_\_\_ Male \_\_\_ Other:\_\_\_\_ 10. Place of birth \_\_\_\_\_ 11. Main diagnosis Father Identification (or legal guardian) 12. Name of father \_\_\_\_\_ 13. Home phone number \_\_\_\_\_14. Work phone number \_\_\_\_\_ 15. Cell phone number \_\_\_\_\_\_16. Email address \_\_\_\_\_ 17. Occupation \_\_\_\_\_ Mother Identification or (legal guardian) 18. Name of mother \_\_\_\_\_\_ 19. Home phone number \_\_\_\_\_\_20. Work phone number \_\_\_\_\_ 21. Cell phone number 22. Email address 23. Occupation \_\_\_\_\_ Place of residence and guardianship 24. The user lives with (Mark only one) \_\_\_\_\_ Both parents \_\_\_\_ Father \_\_\_\_ Mother Medical History of the applicant 25. Does your adult have allergies? Mark only one \_\_\_\_\_Yes \_\_\_\_\_No 26. If so, please indicate \_\_\_\_\_ 27. Is your child currently taking medication? Mark only one \_\_\_\_\_Yes \_\_\_\_\_No 28. If so, please indicate\_\_\_\_\_

| Tell us about your adult 29. What are your observations regarding his / her language and communication skills?  |
|---|
| 30. How does he/ she communicate (Gestures PECS, IPad appetc)?  |
| 31. How does he/ she socialize?   |
| 32. What are your observations on his / her motor skills?   |
| 33. What are your observations on his/ her behaviour (What is their most challenging behavior?)   |
| 34. How does he/ she adjust to transitions and new environments?  |
| 35. What triggers his/ her frustrations and anxiety? How do they react and what strategies help?  |
| 36. What are your observations on his/ her level of independent living skills (basic hygiene, self-dressing, eating alone)?   |
| Thank you for completing the above application. All of this information will help us understand your adult better and help us determine if we are currently able to support them in our program. If your adult is not able to be served at this time, please indicate to us (in writing) that you would like their application to remain active in the event our program reaches the point that we can adequately provide for your adult. |



## **Liability Notice and Agreement**

If you are **over 18**, read and sign the following statement:

As a volunteer, participant, or legal guardian of a participant, I shall hold Second Heart Ministries of Reconciliation doing business as The Clubhouse harmless against all losses, damages, accidents or injuries to person or property of myself caused by or resulting from or in connection with my use or occupancy of The Clubhouse premises or things in or about The Clubhouse premises including travel to or from The Clubhouse or any property The Clubhouse has rented/leased/been invited to use for The Clubhouse business.

| has remediated been invited to use for the Ordonouse business. |      |  |  |
|--|------|--|--|
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
| Signature  | Date |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
| Staff Initials   |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |
|  |      |  |  |



### **General Media Release Agreement**

### Grant

I irrevocably grant to Second Heart Ministries of Reconciliation doing business as The Clubhouse (The Clubhouse) and The Clubhouse's assigns, licensees, and successors, the right to use my name, likeness and image in all forms, including audio, visual and photographic, and in all media, now known and hereinafter devised, including radio, television, film, and print, and all composite or modified representations thereof, for all purposes, including advertising, trade, non-profit or commercial, throughout the world and in perpetuity. I waive the right to inspect or approve versions of my image used for distribution, publication or broadcast that may be used in connection with the images.

#### Release

I release The Clubhouse and The Clubhouse's assigns, licensees, and successors from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, trademark, or copyright. The Clubhouse is permitted, although not obligated to include my name as a credit in connection with the image. The Clubhouse is not obligated to utilize any of the rights granted in this Agreement.

I have read and understood this agreement and I am over the age of 18. This Agreement expresses the complete understanding of the party.

| Printed Name   |      |  |
|----------------|------|--|
| Signature      | Date |  |
| Signature      | Date |  |
|                |      |  |
|                |      |  |
|                |      |  |
| Staff Initials |      |  |