



Freedom Ride, Inc.

Participant Registration Information – please write clearly in ink.

***Freedom Ride, Inc. advises registrant to please keep copies of all forms for your personal record.**

Rider Full Name: _____ Date of Birth: _____

_____/_____/_____
Address City Zip

City of Orlando Resident : Y N E-mail address: _____

Home Phone: _____ Cell Phone: _____ Wk: _____

[] Parents or [] Guardian: _____

Address: _____

Father / Guardian Employer: _____ Phone: _____

Mother / Guardian Employer: _____ Phone: _____

Caregiver Name & Phone number: _____

School or 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 the above use of photo or video graphic materials

Signature _____ Date: _____

Adult Signature: Parent or Legal Guardian for Minor Child

Authorization for 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: _____

Physician Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ 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-ray, 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.

Signature: _____ Date: _____ Print Name: _____

Adult Signature: Parent or Legal Guardian for Minor Child

[] 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 treatment/aid is required, I wish the following procedures to take place: _____

Signature: _____ Date: _____ Print Name: _____

Adult Signature: Parent or Legal Guardian for Minor Child