

## IVCIL TEEN SUMMIT APPLICATION 2018

Participant Name			Parent's Name(s)
Address			Phone # (home/cell)
City	State	Zip	Emergency contact
Participant Date of Birth	Participant t-shirt size		Emergency phone#
Participant's disability			School participant attends

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Does participant require assistance with any of the following? Please explain in detail.**

- Toileting: \_\_\_\_\_
- Transfers: \_\_\_\_\_
- Positioning: \_\_\_\_\_
- Eating: \_\_\_\_\_
- Redirection to tasks: \_\_\_\_\_
- Other: (fine motor tasks like writing or cutting) \_\_\_\_\_

**Does participant use the following? If so, please explain assistance needed.**

- Walker: \_\_\_\_\_
- Crutches: \_\_\_\_\_
- Manual Wheelchair: \_\_\_\_\_
- Power Wheelchair: \_\_\_\_\_
- Other: \_\_\_\_\_

**Does participant require any of the following accommodations? If so, please check.**

<input type="checkbox"/> Personal assistant who signs/commun. mediator	<input type="checkbox"/> Certified Sign Language Interpreters	
<input type="checkbox"/> Amplification System	<input type="checkbox"/> Large Print Materials	<input type="checkbox"/> Braille
<input type="checkbox"/> Personal assistant - specify needs:		PA: male/female
<input type="checkbox"/> Dietary needs – please list:		
<input type="checkbox"/> Other – please list:		

I give permission for \_\_\_\_\_ to attend the Teen Summit sponsored by Illinois Valley Center for Independent Living (IVCIL) on Wednesday June 20, 2018 at Centennial Courts, LaSalle:

**THIS APPLICATION MUST BE RETURNED NO LATER THAN FRIDAY JUNE 1, 2018.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

# Illinois Valley Center for Independent Living

## “Media Release Form”

I, \_\_\_\_\_, for my child \_\_\_\_\_ hereby give my consent and authorization to use my name (or child’s), likeness, image, voice, or appearance for videotape, film, slides, photographs, audio tapes or other media to be used for promotional/publicity purposes for the Illinois Valley Center for Independent Living (IVCIL). I hereby give all clearances for the use of my name, likeness, image, voice, appearance, or performance. I expressly release and indemnify the IVCIL, and their officers, employees, and designees from any and all claims known or unknown arising out of or in any way connected with the above-granted uses and representations.

Type of Media/Event: TEEN SUMMIT 6/20/18

Used for Purpose of: FLYERS, WEBSITE, NEWSPAPER, ADVERTISING, VIDEO

I have read the foregoing and understand its terms and stipulations and agree to all of them.

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am the parent and/or guardian of the above minor and hereby endorse this Agreement on his/her behalf.

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

As His/Her: \_\_\_\_\_