

Raeme's Transition Services

Camp Registration

Participant Name: _____
First MI Last Preferred First Name

Home Address: _____

City: _____ State: _____ Zip: _____

Age: _____ School: _____ Grade completed: _____

Male Female

Parent/Guardian Name: _____ Relationship _____

Home phone: _____ Alt phone: _____ Consumer cell: _____

Email: _____

Primary Disability: _____

About the Participant

Participant has difficulty with **Social Interaction**.

Participant has the following **Behavioral Challenges**:

 Participant requires the following **Special Accommodations**:

 Additional Information/Comments:

Raeme's Transition Services, LLC

PHOTO/LIKENESS RELEASE FORM

I, _____, hereby allow Raeme's Transition Services to utilize my photo or likeness for purposes of marketing and/or social media, or the like. I understand that my photo or likeness may be used online. By signing below, I acknowledge Raeme's Transition Services commitment that no photo of me will ever be used, by Raeme's Transition Services in an exploitative or inappropriate manner and shall not be shared with other agencies or organizations without prior consent.

Printed Name of Participant: _____

Signature of Participant: _____ Date: _____

If minor, name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____