

Keep on Moving



Trip Agreement/ Registration

Please fill out for each person served who wishes to attend

Return to Megan McCannon by 6-3-2011.

Must return form with payment.

Trip destination: FunCity in Burlington, IA Trip Date: 6-10-11 Cost: \$5 per person served

Individual's information:

Person attending: _____ Is this person attending w/
roommates? Who? _____

Number of staff that will be attending with the person/ group: _____

Name(s) of staff attending: _____

Please note, Staffing on the trip needs to meet the same ratio as staffing at home. For example, if three roommates are attending and they usually have 2 staff working with them, they will need to bring two staff with them on the trip.

Payment:

Cost: \$5 Amount paid: _____

Please note: trip payment is required in full to reserve your spot. If you are unable to pay the cost please fill out the financial assistance request section below. Admission and travel costs for staff attending are included in the cost of the trip.

I understand that if I decide not to go on the trip and Systems in unable to fill the spot that has been reserved for me, I will be responsible for paying the full amount of the trip. Exceptions will be made only in the case of an emergency.

Financial assistance request:

Amount requested: Partial (include dollar amount requested): _____ Full: _____

Name of Payee: _____ Phone number: _____

Administrative use only:

Amount awarded from fund for the trip: _____ Signature: _____

Consent:

Upon placement of _____ under the care of Systems Unlimited, Inc., I the undersigned parent, guardian, or person served hereby give permission for medical care as needed while under the care of Systems Unlimited while participating in this trip. Every effort will be made to contact parent or guardian prior to treatment. This individual has permission to participate in all prescribed activities of the trip. Staff under the direction of Systems Unlimited may distribute medication away from the home of the person served. This individual is medically stable and I understand that if he/she comes medically unstable or is a danger to self or others the individual may be sent home.

I hereby release Systems Unlimited, Inc., its board, employees and volunteers exempt from any liability for personal injury, property damage or wrongful death arising out of participation on this trip. I will not hold Systems Unlimited, Inc. responsible for any damage to or loss of this individual's personal property, including eye glasses, dentures and hearing aides. I assume financial responsibility for any damage to property owned by or rented by Systems Unlimited caused by this individual. I hereby give my consent for this individual to be photographed for use in Systems Unlimited, Inc. and "Keep on Moving" promotional material including website, newsletter, and other material.

I agree to the above, as well as conditions concerning payment on the reverse of this page.

Legal Guardian Signature: _____

Date: _____ Relationship: _____

Person Served Signature: _____