



**Live Well with Brain Injury: Event and Class Registration Form**

Name:	Phone:
Street Address:	Email:
City/Town:	
State:	
ZIP:	
<b>Emergency Contact Information</b>	
Name:	Relationship:
Phone:	

Does the participant manage his/her own finances?  Yes  No

If no, name of representative payee: \_\_\_\_\_

Billing Address (If different than home address):

Street Address	Town	State	ZIP
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**Special Needs\*** Please provide any information that staff at the event location should be aware of. This information may include: medications, allergies, diet restrictions, assistive devices used, etc.

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\*Individuals attending Live Well events must be able to participate in community activities independently, or if assistance is needed, the individual must have a personal care assistant (PCA) with them.

Once SLI has a registration form and liability release on file, simply send an email to [info@supportivelivinginc.org](mailto:info@supportivelivinginc.org) and state which event(s) and date(s) you would like to attend. SLI will send back a confirmation email.

**How did you hear about Live Well with brain injury events?**

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**Media/Photo Waiver**

I authorize Supportive Living Inc. to publish and photographs, recordings, videotapes or films in which I may appear to be used for public view. Media use could include, but not limited to television, newspapers, internet, advertisements, and other medium.

Signature

Date

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