



**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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Does the participant have a history of seizures or seizure disorder?  Yes  No

If yes, state seizure protocol here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant have any dietary restrictions or other allergies?  Yes  No

If yes, state dietary restrictions or allergies here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other health issues (including psychological) staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

**Media/Photo Waiver**

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

Signature

Date

\_\_\_\_\_  
Please fill out, sign and date form. Email to [hcarmichael@supportivelivinginc.org](mailto:hcarmichael@supportivelivinginc.org), FAX to 781-937-5503 or mail to Harrison Carmichael, Supportive Living, Inc., 7 Oakland Street, Lexington, MA 02420