



365 Millennium Drive, Suite A. Crystal Lake, IL 60012. Phone: 815.477.4720. Fax: 815.477-4700  
www.optionsandadvocacy.org

## 2024-2025 Participant Registration Form

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Self-Guardian:  
 Yes (*skip to next section*)  
 No (*complete Guardian details*)

Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Relation \_\_\_\_\_

Contact \_\_\_\_\_

Do you have any allergies or restrictions?

\_\_\_\_\_

\_\_\_\_\_

Please provide any other information that you feel will make this an enjoyable experience.

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**Release of Liability:** We are pleased to have you participate in Stefanie Sullivan’s Joyful Arts program at Options and Advocacy. Please read the following carefully. We have been advised to require all participants and/or guardians who wish participate sign a release from liability form. By signing it you acknowledge that by participating in Stefanie Sullivan’s Joyful Arts program you will be waiving and releasing all claims for injuries that you might suffer as a result of this program. You are also agreeing that if you injure another participant (a very unlikely event) you will be responsible for the costs for medical care to the injured.

“As the participant or guardian of a participant in the Stefanie Sullivan’s Joyful Arts program at Options and Advocacy, I recognize and acknowledge that there may be certain risks of physical injuries to me/my participant or another participant because of my/their behavior, associated with this program. I agree to waive and relinquish all claims against Options & Advocacy, I may have/I may have on behalf of my participant, as a result of participating in the program.

I hereby fully release and discharge Options and Advocacy, its officers, agents, employees or volunteers, from any and all claims for injuries, damage, or loss which I/my participant suffers as a result of participation in Stefanie Sullivan’s Joyful Arts program at Options and Advocacy.

I also agree that should I/my participant be the cause of harm to another participant, and a lawsuit is filed, I will indemnify, defend and hold Options and Advocacy harmless as a result.

Participant Name: \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature: \_\_\_\_\_

*(if applicable)*

Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

**Photo/Media Waiver:**

I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.”

Yes  No

Participant Name: \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature: \_\_\_\_\_

*(if applicable)*

Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Classes are \$15 per date and will occur on Saturdays of each month from

9:30am-10:45am. (please mark all that you would like to attend)

August 17 \_\_\_\_\_ September 7 \_\_\_\_\_

October 5 \_\_\_\_\_ September 21 \_\_\_\_\_

October 19 \_\_\_\_\_ November 2 \_\_\_\_\_

November 16 \_\_\_\_\_

The cost to participate is \$15 per class. Class is limited to 15 students, ages 14 and over. Please register and pay online at our website [www.optionsandadvocacy.org](http://www.optionsandadvocacy.org) or scan the Givebutter QR Code.



All other program and registration questions can be sent to [cindy.sullivan@opad.org](mailto:cindy.sullivan@opad.org)

If you would like to be considered for a scholarship, please call Winter Noe at 815-477-4720 x230. Donations to the Stefanie Sullivan Joyful Arts Scholarship Fund are gratefully accepted.

Classes are held at  
Options and Advocacy  
Attn: Stefanie Sullivan's Joyful  
Arts 365 Millennium Dr., Suite A  
Crystal Lake, IL 60012