



**Please return this form to:**

DIGA / Disability Foundation  
207 – 3077 Granville Street  
Vancouver, BC V6H 3J9

Fax: 604-688-6463

# Participant Registration

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

## Medical History

Nature of Disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobility Aids:  Wheelchair  Scooter  Crutches  Cane  Other \_\_\_\_\_

Medications & Allergies: \_\_\_\_\_

\_\_\_\_\_

BC Health Card # \_\_\_\_\_ Other Health # \_\_\_\_\_ Type \_\_\_\_\_

## Other Information

Relevant Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did you learn about DIGA? \_\_\_\_\_

\_\_\_\_\_

Are you a client of the following?       ICBC                       WCB                       None

## Image Consent

Consent for use of name or image in electronic or print reproductions:

In consideration of the Society accepting this application, I, \_\_\_\_\_ or the parent/guardian of \_\_\_\_\_ (applicant), give my consent to have my (or applicant's) name and/or image stored and reproduced by the Society for Society promotional and informational purposes. Reproduction consent includes release for use in Newsprint and News-magazine articles, newsletters, and submissions to third parties.

## Membership Status (for office use only)

Member Since: \_\_\_\_\_                      Renewed membership: \_\_\_\_\_

*To learn more about the Sam Sullivan Disability Foundation, visit [www.disabilityfoundation.org](http://www.disabilityfoundation.org)*