



AVENAL POLICE DEPARTMENT

PROGRAM REGISTRATION FORM, LIABILITY RELEASE, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT



AVENAL POLICE - PUZZLE PROJECT

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The Puzzle Project strives to provide an element of safety for youth and adults with disabilities. The goal is to strengthen communication between first responders and individuals who have a disability which may impact their interactions with emergency services personnel.

Please fill out the following information for the person being registered to the Puzzle Project. Please email the signed form along with a photograph of the person being registered or bring the form and photograph to the Avenal Police Department.

CONTACT INFORMATION

Table with 3 columns: Personal Information (Last Name, First Name, Physical Address, City, State, Zip Code, Email, Phone), Physical Characteristics (Birth Date, Race, Sex, Height, Weight), and Abilities (Eye Color, Hair Color, Speech, Can they say their own name, Sensitivity to light/sound, School, Grade).

Diagnosis/ Health problems:

Mannerisms, Personality Type:

May wander or is particularly attracted to:

Reinforcer/Comfort Item:

GUARDIAN/EMERGENCY CONTACT INFORMATION

Table with 2 columns for Guardian and Emergency Contact information, including Name, Address, City, Home Phone, Cell Phone, and Relationship.

Initials: _____ Date: _____

