365 Millennium Dr., Suite A, IL 60012 – www.optionsandadvocacy.org
Phone: 815-477-4720 – Fax: 815-477-4700

# Stefanie Sullivan Joyful Arts
# Participant Registration
# 2026-2027

**Participant's Name:** _____

**Preferred Name/Nickname:** _____

**Pronouns:** ❑ He/Him/His ❑ She/Her/Hers ❑ They/Them ❑ Other _____

**Age:** _____ **DOB:** _____

**Phone:** _____ **Email:**_____

---

**Self-Guardian:**

- ❑ **Yes,** skip to next section
- ❑ **No,** complete guardian details

**Guardian's Name:** _____

**Home Address:** _____

**Primary Phone:** _____

**Secondary Phone:** _____



**Emergency Contact #1:**

**Name:_____ Relationship:_____**

**Phone: _____ Email: _____**

**Emergency Contact #2:**

**Name:_____ Relationship:_____**

**Phone: _____ Email: _____**

---

**Do you have any allergies, restrictions, medical concerns, etc?**

**❑ Yes ❑ No**

**Yes? Please share details: _____**

_____

---

**Is there anything else that would be helpful for us to know to make this experience as enjoyable and accessible as possible? _____**

_____

_____

**Release of Liability:** We are pleased to have you participate in the Stefanie Sullivan's Joyful Arts program at Options & Advocacy. Please read the following carefully. We have been advised to require all participants and/or guardians who wish to participate to sign a release from liability form. By signing the form, 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 of medical care to the injured.

"As the participant or guardian of the participant in the Stefanie Sullivan's Joyful Arts program at Options & 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 & Advocacy, it's officers, agents, employees or volunteers, from any and all claims for injuries, damage or loss at which I/my participant suffers as a result of participation in Stefanie Sullivan's Joyful Arts program at Options & 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 & 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 each from 9:30-11:00 AM at Options & Advocacy

Registration is Required (please mark all that you would like to attend)

**2026**

August 29 ____
September 12 ____
September 26 ____
October 10 ____
October 24 ____
November 7 ____
November 21 ____

**2027**

January 9 ____
January 23 ____
February 6 ____
February 20 ____
March 6 ___
March 21 ____
April 3 ____
April 10 ____ *Annual Art Show*
April 17 ____

The cost to participate is $15 per class. Class size is limited, ages 16 and over. Please register and pay online at our website www.optionsandadvocacy.org or scan the QR code.

All other program and registration questions can be sent to 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 Stephanie Sullivan Joyful Ats Scholarship fund are greatly appreciated and Tax Deductible.