



The Arc of Greater Beaumont Presents: Astros vs. Rays!!

Houston Astros vs Tampa Bay Rays

Date: August 19, 2015

Time: 3:30pm to 11:30pm

Cost: \$35 per person (includes charter bus ride to game, box dinner and game ticket) Don't forget to bring spending money for dinner and souvenirs.

We will meet at the Holiday Inn Beaumont at 3:30pm and expect to return at 11:30.
(It could be later depending on game time and traffic)

There is limited seating on the bus...sign up today!!!!

To register fill out the packet below and send to:

teri.hawthorne@arcofbmt.org or Fax: 1-409-515-1129 or

Mail to: The Arc of Greater Beaumont 700 North St. Suite Q Beaumont TX 77701

Payments: Please make check out to The Arc of Greater Beaumont or you can make a [payment online](#). Please state the purpose as "SETX Astros Trip" when making your payment online.

Participant Information Sheet

Name: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

email: _____

Emergency contact: _____ Relation: _____

Any known allergies: _____

Medication: Please list full names and dosage of medication(s) taken by applicant, as well as any side effects that could occur during the day (Note: participants must be able to administer their own medication, if not a legal guardian or authorized individual must accompany them.)

Is there any other information we should know about this self-advocate to make this trip fun and rewarding?

The Arc of Greater Beaumont and Southeast Texas Self Advocates Participants Hold Harmless and Release

1. In consideration of my participation in the learning experiences offered from The Arc of Greater Beaumont an affiliated chapter of The Arc of Texas, herein know as The Arc, I agree, on behalf of myself, my assigns, executors, and heirs, to release, indemnify, and hold harmless The Arc, and any other sponsors/partners of The Arc and their trustees, officers, agents and employees from any and all liability, damage, and/or claim of any nature whatsoever arising out of or in any way related to my participation in the Southeast Texas Self Advocate's programs, including any act or omission of any third party (rescue squad, hospital, volunteer agency, etc.).

2. I agree to indemnify and hold The Arc and its staff harmless from any damage or liability incurred as a result of any illness/injury I may suffer, including the costs of any medical care, or any injury or damage to the person or property of others which I may cause, or from any financial liability or obligation which I may personally incur, while participating in the program(s).

3. **Medical Authorization:** I give my permission to be treated by any medical professional and medical center for medical illness and injuries, and to take emergency measures as they deem appropriate in the event that I cannot give my permission or the designated person below cannot be notified.

Participant Name (please print): _____ Date: _____

In case of emergency, notify (note relationship): _____

at (ph. number): _____

Signature: _____ Date: _____

Parent or Guardian signature (if applicable):

Guardian's signature: _____ Date: _____