



DODGE COUNTY
Advocating Rights of Citizens With Disabilities
P.O. Box 173 Beaver Dam, WI 53916

Email address: arcdodge@sbcglobal.net

Website: <http://arcdodgecounty.org>

We invite you to become familiar with Advocating Rights of Citizens of Dodge County.

The goal of ARC Dodge County is:

- 1) To promote the general welfare of persons with Cognitive Disabilities.
- 2) To advise and assist families with their needs in the area of Cognitive Disabilities and to co-ordinate their efforts in advocating for their loved one.
- 3) To serve locally for gathering and giving out information regarding persons with Cognitive Disabilities and support services necessary for persons with Cognitive Disabilities.

We are a group of family members, individuals and caregivers who have joined together to promote these goals.

We sponsor activities through out the year such as Special Olympics, holiday parties, trips and picnics for people with Cognitive Disabilities.

We promote education through our Scholarship program to benefit individuals with Cognitive Disabilities.

We encourage all people interested in our programs to come join our organization.

We invite you to attend a monthly meeting on the second Tuesday of each month at The ARC of Dodge County Office, Heritage Village Mall, 2 doors to the right of Door B, Beaver Dam, at 7:00 PM, September through June.

For more information please contact us at 920-885-6468 leave a message and someone will contact you or by Email at arcdodge@sbcglobal.net

Our membership dues are \$15.00 per year per person; which includes a monthly newsletter.





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MEMBERSHIP APPLICATION FORM

Name(s) _____

Title(s) Ms. Mrs. Mr. Mr. & Mrs. Other: _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Email address _____

Your relationship to a person with disability:

Parent Grandparent Friend

Sibling Professional Other _____

Dues: \$15.00 per year per person

Additional Information : _____

Please mail entire form with remittance to our office,
Additional material will be mailed to you upon receipt. Thank you.



United Way
of Dodge County



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Authorization for Release of Confidential Information

This form protects your civil liberties when the following conditions are met:

- 1. Make sure that all blanks on this form are filled in before signing it.
2. Make sure that you understand that this release of information is limited to the agency or individual named below and for the specific purpose stated.

I, _____ authorize and request ARC Dodge County

Address 1645 N. Spring St. Suite 155, PO Box 173, Beaver Dam, Wisconsin 53916

To release to [X] To obtain from [X] (Check one or both)

Individual _____

Address _____

The following identifying information may be released:

To be photographed and to use photographs _____

The purpose or need of such disclosure is:

To allow the ARC of Dodge County to photograph me and use the photographs in newsletters, newspaper articles and other printed material used to promote the ARC of Dodge County and its programs.

The consent to release may be revoked by me at any time in writing except to the extend that information released prior to revocation cannot be retrieved. I hereby release the above named organization from all legal responsibilities or liabilities that may arise from this act.

Signature of Participant (If able)

Date

Signature of Guardian

Date



United Way of Dodge County



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I, _____ give my permission

For _____ to attend

any Arc Dodge County activity / event / trip.

Contact phone numbers : _____

Guardian / Responsible party Signature

Date :

PLEASE fill out all information and return with Emergency Medical form to:

Arc Dodge County
PO Box 173
Beaver Dam WI 53916

Arc Officers.



United Way
of Dodge County



MEDICAL EMERGENCY INFORMATION

Last Name: _____ **First Name:** _____
Address: _____ **City, State, Zip :** _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **E Mail:** _____
Birthdate: _____

Parent or Guardian: **Relationship:** _____
Last Name: _____ **First Name:** _____
Address: _____ **City, State, Zip:** _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **E Mail:** _____

Other Emergency Contact: **Relationship:** _____
Last Name: _____ **First Name:** _____
Address: _____ **City, State, Zip:** _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **E Mail:** _____

Medical Information:
Doctor: _____ **Clinic:** _____
Address: _____
City: _____
State / Zip: _____
Doctor Phone: _____ **After Hours Phone:** _____

Allergies: _____

Medical Problems: _____

Medications: _____

(Notes): _____

Updated: _____



**Special Olympics
Wisconsin
THE ARC-Dodge County**

PRE-REGISTRATION REQUIRED:

ATHLETE NAME _____
ADDRESS _____

PHONE # Home _____ Work _____ CELL _____

PARENT GUARDIAN NAME _____

ADDRESS _____

PHONE# Home _____ Work _____ Cell _____

Emergency Contact: If different than above

NAME _____

ADDRESS _____

PHONE # Home _____ Work _____ Cell _____

ATHLETE INTEREST IN SPORTS:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Basketball (Team) |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Basketball Skills |
| <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Athletics (Track) |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Other _____ | |

Health History To be completed by parent or Guardian (Please comment on back if needed)

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease/defect/		Allergies	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain		Medicines _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures/ Epilepsy/Fainting		Food _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes		Insect Bites _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury/Concussion		Special Diet	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Surgery/Illness		Asthma	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heatstroke/Exhaustion		Tobacco Use	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blindness/Visual Problem		Easy Bleeding	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasses/ Contacts		Emotional/	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss/Hearing Aid		Psychiatric	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone/Joint Problem		Behavioral	

Please return to: Delores Verges N4963 Ron-Del Rd Columbus, WI 53925

DODGE COUNTY SPECIAL OLYMPICS PO Box 173 • BEAVER DAM, WI 53916 •

WWW.SPECIALOLYMPICSWISCONSIN.ORG



Ashlandi. Barron. Bayfield. Buffalo. Burnett. Chippewa. Douglas. Dunn. Eau Claire. Jackson. Pepin. Pierce. Polk. Rusk. Sawyer. St. Croix. Trempealeau, Washburn
Created by The Joseph P. Kennedy, Jr Foundation for the Benefit of Citizens with Cognitive Disabilities • Authorized & Accredited by Special Olympics Inc.