



Variety – the Children’s Charity of Wisconsin
12425 Knoll Road, Suite 120, Elm Grove, WI 53122
Phone 262-777-2090 Fax 262-777-2095
www.VarietyWi.org

VARIETY DISCOVER PROGRAM APPLICATION

Variety’s Discover Program provides fun, free outings for children with physical or developmental special needs, and their immediate family members. This program provides memorable, educational, and play experiences which strengthen family bonds, create lifelong memories, and allow children and their families to experience many new activities each year. To participate in Discover Program events, please fill out this form and email it to contact@varietywi.org.

Child’s name: _____ Gender: M F Birth Date: _____

Child’s special need: _____

Does the child use: Manual Wheelchair Power Wheelchair Walker AFO’s/Braces

Race/Ethnicity of Child (for demographic purposes only):

- White/Caucasian Black/African American Hispanic or Latino
 Native American or American Indian Asian/Pacific Islander Other (please list) _____

Home address: _____

City: _____ County: _____ State: _____ Zip: _____

Name of parent(s)/legal guardian(s) & relationship: _____

Parent/Guardian’s e-mail address: _____

Parent/Guardian’s phone numbers: Home _____ Cell _____ Other _____

How were you referred to Variety: _____

Language(s) Spoken by Family: _____

What types of activities does your family like to do together?

What types of things would you like to do as a family that you currently do not?

The following questions are for demographic purposes only

Household/Family Income Level:

- Less than \$10,000 \$10,000 - \$29,999 \$30,000 - \$59,999 \$60,000 - \$89,999
 \$90,000 – \$99,999 \$100,000 - \$149,999 \$150,000 - \$199,999 \$200,000 or more

Number of People in Household/Family: _____

Race/Ethnicity of Family:

- White/Caucasian Black/African American Hispanic or Latino



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Native American or American Indian Asian/Pacific Islander

Other/Multiple (please list)

Permission Form and Photo Release

Variety’s Discover Program events are for all members of the **IMMEDIATE** family of the child with a physical or developmental special need (i.e., parents and siblings who live in the home).

Please list **all** members of the household (children and adults) who may attend Variety’s Discover Program events:

Variety Child’s Name: _____ Birth Date: _____

Name: _____ Relation to child above: _____ Birth Date: _____

Name: _____ Relation to child above: _____ Birth Date: _____

Name: _____ Relation to child above: _____ Birth Date: _____

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Name: _____ Relation to child above: _____ Birth Date: _____

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Permission/Waiver: I hereby grant permission for my child(ren) to participate in Variety’s Discover Program events. I recognize that unanticipated situations and problems can arise during activities that are not reasonably within the control of Variety staff, including volunteers. I therefore agree to release and hold harmless Variety – the Children’s Charity of Wisconsin, its agents, officers, employees, and volunteers from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorney’s fees and costs) arising from such activities, including any accident or injury to the child or myself and the costs of medical services.

Photo Release: I give permission to Variety – the Children’s Charity of Wisconsin to use my or my child(ren)’s name, and/or any photograph or image taken of me or my child(ren) during Variety Discover Program events, whether recorded or transferred to video tape, slides, photographs, internet, or any other form of media for use in any promotional materials, publications and/or press releases. I understand that I will not be compensated for my time or the rights to use the image(s) or its copyright or copyright issues. I agree that it is not necessary for Variety or anyone else to contact me prior to releasing any information authorized by this release. I agree to release, on behalf of myself or my child(ren), Variety from and against any and all claims, of any type, which arise from or are related to Variety’s use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding myself or my child(ren).

 Parent/Legal Guardian Name Signature Date

 Parent/Legal Guardian Name Signature Date