



BSLN: The Revival PARTICIPANT APPLICATION

PERSONAL INFORMATION:

NAME: _____ NICKNAME: _____

ADDRESS: _____ APT / SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (_____) _____ - _____ BUSINESS PHONE NUMBER: (_____) _____ - _____

CELL NUMBER: (_____) _____ - _____ TEXT: YES NO VP NUMBER: (_____) _____ - _____

GENDER: MALE FEMALE TRANS MALE TRANS FEMALE T-SHIRT SIZE: _____

EMAIL ADDRESS: _____

FACEBOOK ADDRESS: _____

INSTAGRAM ADDRESS: _____

WEBSITE ADDRESS: _____

I AM: HEARING HARD OF HEARING DEAF DEAF-BLIND CODA (Child of a Deaf Adult)
 WODA (Wife of Deaf Adult) HODA (Husband of Deaf Adult) SODA (Sibling of a Deaf)

PLEASE LIST ANY ACCESSIBILITY SERVICES YOU MAY REQUIRE: (i.e. Wheelchair ramps, SSP's, etc) _____

ARE YOU A U.S. CITIZEN? YES ____ NO ____ IF NO, YOU COUNTRY OF BIRTH: _____

MEDICAL:

Our desire is to ensure that you are well cared for. None of the answers below will have any bearing on your presence at the workshop, but will be kept on file in case of an emergency or in order to make preparations for your unique care should medical attention becomes necessary. All information will be kept confidential and will only be shared with with medical personnel as needed.

DO YOU HAVE ANY KNOWN ALLERGIES? YES NO

[Medicine, Food, Insect (Bee / Wasp), Animal (Dog / Cat), etc]

IF YES, PLEASE LIST: If additional space is needed please use back of page

1. _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening
2. _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening
3. _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening

Although you are not required to list chronic medical conditions or blood disorders such as HIV/AIDS, hemophilia, or cancer, etc., in case of an injury or an emergency, we would appreciate being informed of any serious medical conditions and/or infectious diseases /disorders while on site. This information will allow the workshop staff and volunteers to be as prepared as possible to provide any and all care that may be needed as well as allowing us to inform medical personnel of these conditions to ensure that services can be administered accordingly. All information will be kept confidential.

Major Medical Conditions: _____

Should you attend the BSLN: The Revival workshop, we request that you keep a list of all chronic medical conditions as well as a list of all prescription medications presently being taken on your person at all times.

EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT RELATIONSHIP WITH APPLICANT: _____

EMERGENCY CONTACT HOME PHONE NUMBER: (____) _____ - _____

EMERGENCY CONTACT BUSINESS PHONE NUMBER: (____) _____ - _____

EMERGENCY CONTACT CELL PHONE NUMBER: (____) _____ - _____

EMERGENCY CONTACT VP NUMBER: (____) _____ - _____

CERTIFICATION:

By signing this application I state that all the information herein is true and accurate to the best of my knowledge. Upon signing this application I am entering into a hold harmless agreement with Gate Communications and all of the Staff, Board Members and volunteers of the organization. I agree that I will not hold Gate Communications or any of the Staff members or Board members responsible should any injury or harm, either real or perceived, take place to my mental/physical/emotional person or belongings while a part of the BSLN: The Revival workshop.

I also agree with my signature to allow Gate Communications to use any video footage as well as still photos that may be taken during the course of the BSLN: The Revival Workshop for educational and advertising services.

By signing this application I understand and agree to uphold the policies and expectations regarding behavior and attire dictated and required at the event site as defined in the Statement of Understanding, which includes, but not limited to, no usage of alcohol, drugs, smoking inside the venue, sexual activity, pornography, or aggressive or combative behavior while at the workshop site. I also agree to refrain from the use of illegal drugs and/or driving while intoxicated while a part of the BSLN: The Revival Workshop. I understand that if these policies are ignored or violated Gate Communications can dismiss me from the workshop and I will not be provided with any form of a refund.

My signature on this application signifies that I agree to act appropriately with artists and their personnel, while visiting alternative educational sites during the course of the BSLN: The Revival Worskhop. I will refrain from rude, aggressive, extremely loud, offensive, or unprofessional behavior on or off site. Acting inappropriately could result in my presence being removed from the workshop for the remainder of that specific day or permanently for the remainder of the workshop with no form of a refund being provided.

Gate Communications promotes learning environments based on love and respect. We are organization which thrives on the administration of anti-ego, anti-criticism, anti-discrimination, and anti-drama based environments. We believe we are all coming together as imperfect humans all striving to improve our skills and our character without judgement of our fellow interpreters, students, and community members. Gate promotes grace and forgiveness when interacting with individuals whose perspectives differ than your own. Gate expects and promotes an offense free environment at all times. Most importantly, Gate Communications loves people. Therefore, by signing this agreement you agree to promote this type of environment throughout the course of BSLN: The Revival.

Signature: _____ Date: _____

Printed Name: _____

Housing and Meal Information

It is the desire of Gate Communications to make your housing arrangements as comfortable as possible. To keep the cost down most individuals will be sharing an extended stay suite with a second person. In the process of picking your roommate we want to make sure we find someone who is a good fit for you. We cannot guarantee we will find someone with your similar interests or preferences, however we will do our best to attempt to find a roommate to whom you can relate. Fill out the answers to the best of your ability. Remember, these answers are only used for guiding housing arrangements and have no affect on whether or not you are chosen to participate in the workshop.

Type of Room Requested: Single Room (Additional Fees Apply) Double Room (No Additional Fees Apply)

Sleep Schedule: Early Riser Night Owl

Please select the answers that best describe you:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> I am a mom/dad of young kids | <input type="checkbox"/> I am a mom/dad of teenagers | <input type="checkbox"/> I am a mom/dad with no kids at home | <input type="checkbox"/> I don't drink |
| <input type="checkbox"/> I love to drink | <input type="checkbox"/> I am a light social drinker | <input type="checkbox"/> I like to party | <input type="checkbox"/> I am friendly |
| <input type="checkbox"/> I am a comedian | <input type="checkbox"/> I am active | <input type="checkbox"/> I am a dare devil | <input type="checkbox"/> I like safety |
| <input type="checkbox"/> I am rarely emotional | <input type="checkbox"/> I can be emotional | <input type="checkbox"/> I am very serious | <input type="checkbox"/> I am pensive |
| <input type="checkbox"/> People often frustrate me | <input type="checkbox"/> People rarely frustrate me | <input type="checkbox"/> I am dramatic | <input type="checkbox"/> I am aggressive |
| <input type="checkbox"/> I am LGBTQI | <input type="checkbox"/> I am straight | <input type="checkbox"/> I am definitely a Type A personality | <input type="checkbox"/> I am a thinker |
| <input type="checkbox"/> I love being around people | <input type="checkbox"/> I have very few opinions | <input type="checkbox"/> I have a million opinions | <input type="checkbox"/> I am a listener |
| <input type="checkbox"/> I need my personal space | <input type="checkbox"/> I value my free time | <input type="checkbox"/> I am a workaholic | <input type="checkbox"/> I am a cat lover |
| <input type="checkbox"/> I am loud | <input type="checkbox"/> I like to sit still | <input type="checkbox"/> I don't like to sit still | <input type="checkbox"/> I am a dog lover |
| <input type="checkbox"/> I am a practical joker | <input type="checkbox"/> I love numbers | <input type="checkbox"/> I love history | <input type="checkbox"/> I love literature |
| <input type="checkbox"/> I am a feeler | <input type="checkbox"/> I am rarely satisfied | <input type="checkbox"/> I am usually satisfied | <input type="checkbox"/> I love to argue |
| <input type="checkbox"/> I am very religious | <input type="checkbox"/> I am not interested in religion | <input type="checkbox"/> I have no strong opinions on religion | <input type="checkbox"/> I am liberal |
| <input type="checkbox"/> I am conservative | <input type="checkbox"/> I love politics | <input type="checkbox"/> I hate politics | <input type="checkbox"/> I am artsy |
| <input type="checkbox"/> I have a bright outlook | <input type="checkbox"/> I like to find the problems | <input type="checkbox"/> I don't recognize problems | <input type="checkbox"/> I am easy going |
| <input type="checkbox"/> I am a tech geek | <input type="checkbox"/> I am a talker | <input type="checkbox"/> I am quiet | <input type="checkbox"/> I am giggly |
| <input type="checkbox"/> I often find reasons to complain | <input type="checkbox"/> I rarely complain | | |

Attributes people love about me: _____

Attributes people find annoying about me: _____

Hobbies: _____

- Religion:**
- | | | | | |
|--|--|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Catholic | <input type="checkbox"/> Jewish | <input type="checkbox"/> Atheist | <input type="checkbox"/> Wiccan |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> LDS / Mormon | <input type="checkbox"/> Agnostic | <input type="checkbox"/> Muslim | <input type="checkbox"/> Pagan |
| <input type="checkbox"/> Unitarian | <input type="checkbox"/> Scientologist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu | <input type="checkbox"/> Ba-hai |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> No opinion on the subject | |

Are there any types of roommates you would prefer TO have or prefer NOT to have:

- Meal Plan:** No Preferences Vegetarian Vegan Gluten-Free
- I do not eat: _____