

# United Cerebral Palsy (UCP) of Idaho

5420 W Franklin Rd., Boise ID 83705 (208) 377-8070

## Loaning Library Membership Registration

### BORROWER'S CONTACT INFORMATION

Please complete this side of the form for the person who will actually be picking up, requesting shipment of, and/or returning loaned items. This person will be responsible for the safe and timely return of the borrowed items.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

#### Home Info

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Work Info

Organization: \_\_\_\_\_ Your Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### General Info

Who are you borrowing items for?  Yourself  Relative/Spouse  Client/Student

Emergency Contact (Name and Phone): \_\_\_\_\_

Would you like to be on UCP of Idaho's mailing list?  Yes At home or at work? \_\_\_\_\_  No

Would you like to receive e-mail updates?  Yes At home or at work? \_\_\_\_\_  No

### LOANING LIBRARY AGREEMENT

Please read this agreement completely, then sign and date to indicate your acceptance of the conditions below.

#### Condition of Items

Please return borrowed items in clean and operable condition, with all parts, by the due dates, or contact UCP to determine if they can be renewed. Report any damage or problems upon return of items.

#### Repair/Replacement

The undersigned borrower agrees to be responsible for the cost of repairing or replacing items borrowed from the United Cerebral Palsy of Idaho library that may become damaged, destroyed, lost, or in any other way altered during use, regardless of fault.

#### Legal and Administrative Expenses

If it becomes necessary for UCP of Idaho to take legal action to enforce the terms of this agreement, the undersigned borrower agrees to reimburse UCP for all of its expenses, including reasonable attorney fees and costs of suit.

#### Copyright Protection

UCP of Idaho's library abides by all lending and copyright laws governing the unlawful duplication of copyrighted computer software and software manuals. The undersigned borrower understands that this material is protected by copyright laws and agrees not to make copies, and also to remove the software from his/her hard drive before returning the item to UCP.

#### Release

The undersigned borrower hereby consents to the registration of the borrower and user(s), as applicable, with the United Cerebral Palsy Loaning Library. The undersigned borrower also releases and forever discharges UCP and its employees, agents, officers, and board members from, or against, any and all claim, demand, suit, judgment, and liability of any and every nature and kind arising, whether directly or indirectly, out of the use of any toys or possessions taken from the UCP Loaning Library.

\_\_\_\_\_  
Signature Date

**USER'S CONTACT AND PERSONAL INFORMATION**

Completion of the following section (User's Contact and Personal Information) is voluntary. The information obtained is grouped to be used for planning and reporting purposes to better serve our clients.

Based on who you are borrowing items from the UCP library for, please complete the appropriate section(s) below.

<i><b>For Yourself</b></i>	<i><b>For Relative/Spouse</b></i>	<i><b>For Client/Student</b></i>
Date of Birth: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other  Annual Family Income: <input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000 or more  Disability: _____ _____ _____	Date of Birth: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other  Annual Family Income: <input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000 or more  Disability: _____ Name: _____ Address: _____ _____ Phone: _____ _____	Organization/School District: _____  Age Groups Served: <i>(Check all that apply)</i> <input type="checkbox"/> 0-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-11 years <input type="checkbox"/> 12-17 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 22-54 years <input type="checkbox"/> 55-64 years <input type="checkbox"/> 65 years and older  Categories Served: <input type="checkbox"/> Clients <input type="checkbox"/> Students  Average Number Served: _____ _____

**LIBRARY MEMBERSHIP FEE**

**Term of Membership** (Please check one)

- Annual (Membership fee varies, see below)       One-Time Use Only (Fee is \$5.00)

Annual Membership: The fee for an annual membership depends on several factors. The first step in determining your annual membership fee is to complete the appropriate section below.

<i><b>Borrowing for Yourself/Relative/Spouse</b></i>	<i><b>Borrowing for Client/Patient/Student</b></i>
Check the appropriate box below for the intended user: <i>(Please provide a copy of the medical card)</i> <input type="checkbox"/> Medicare Coverage (Membership fee is \$10.00) <input type="checkbox"/> Medicaid Coverage (Membership fee is \$10.00) <input type="checkbox"/> Military Coverage (Membership fee is \$10.00) <input type="checkbox"/> None of the above If "None of the Above," please complete a Fee Worksheet for Individuals.	Does the organization you work for have a contract with UCP of Idaho?  Name of Organization: _____ <input type="checkbox"/> Yes, they have a contract good through _____. <input type="checkbox"/> No, they do not have a contract with UCP.  If no contract is in place, please complete the Fee Worksheet for Organizations.

**Services will not be denied due to inability to pay.**

..... Office Use Only .....			
Membership Category:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	Membership Fee: _____ Paid On: _____ Or Waived On: _____	Entered in Database On: _____ Entered By (Initials): _____
Revised 4/1/06			