

Mail with Payment to :
ALPP INSTITUTE
4225 Fleur Drive, Box 177
Des Moines, Iowa 50321

12 or 48 Hour OWI WEEKEND PROGRAM
Registration Form
877-400-8595

Incomplete or illegible information may delay the completion report to the DOT.

Program Date I reserved at ALPP Institute: _____

Name: _____ Male: ___ Female: ___
Last First Mid. Initial

Social Security Number: _____ - _____ - _____ Date of Birth: ___ / ___ / ___

Driver's License Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Check one:

- Asian or Pacific Islander American Indian or Alaskan Native
 Black Non-Hispanic Hispanic
 Other American Minorities White Non-Hispanic

County of Arrest: _____ Court Case# _____

In case of an emergency, please contact:

Name: _____ Phone: (_____) _____

Have you ever taken this or the 12-hour Prime for Life Class before? Y N

If yes, when? _____

Please list any special accommodations needed:

Medical/Disability _____

Dietary _____

Other _____

Health Questionnaire

This information is required for your protection and the protection of others. Pursuant to Section 2.7(1), Code of Iowa, your responses will remain confidential.

Name: _____
Last First Middle Initial

1. Are you currently ill ____ If so, what is the illness and how long have you been ill? _____

2. Please list all current medications _____

3. Are you currently injured? _____ When were you injured? _____

Explain the type and cause of injury _____

4. Do you now have:

____ Asthma	____ Hepatitis B	____ HIV/AIDS
____ Diabetes	____ Hepatitis C	____ Seizures
____ Heart Disease	____ High Blood Pressure	____ Tuberculosis

5. Have you ever been treated for a mental condition? _____

If so, When? _____ Where? _____

6. Are you now, or have you ever been suicidal? _____

Release of Liability

I, _____, in consideration of being allowed to participate in the Polk County Residential Program for OWI Offenders, hereby release, acquit, and forever discharge Polk County, its employees, officers and directors, ALPP Institute and or St Gregory Centers, Inc, its faculty, employees, officers and directors, from any and all liability whatsoever in connection with any injury or claim of any type or nature arising out of participation in the Program. This release includes, but is not limited to, claims for personal injuries, libel, slander, defamation of character, invasion of privacy, or any other claim or cause of action, whether based upon statute or common law.

Signature _____ Witness _____

ALPP Institute shall not illegally discriminate on the basis of race, color, national origin, creed, age, religion, sex, or disability. Any inquiries may be directed to the EEO/AA Coordinator (877-400-8595).