

CLUBLIFE PARTICIPANT REGISTRATION

Participant Last Name	Participant First Name	Participant Middle Name

Date of Birth:	Gender:
	<input type="checkbox"/> Female <input type="checkbox"/> Male

Street Address:	City:	State:	Zip Code:

Email Address:	Phone Number:

Parent/Guardian Last Name:	Parent/Guardian First Name:	Middle Initial:

Emergency Contacts

Emergency Contact (1):	Relationship:	Phone Number:
Emergency Contact (2):	Relationship:	Phone Number:
Emergency Contact (3):	Relationship:	Phone Number:

Primary Diagnosis/Condition or Challenges:

Strengths, Assets, Special Interests:

Suggestions for helping the participant perform successfully in a group setting:

Suggested Goal Areas:

Current Treatment Plan or Education Programs:

What do you hope your participant will gain from clublife programs & events:

The participant will be attending events:

Independently

with an aide/staff

****Clublife has the right to require that someone attend with any participant, if he/she is not independent enough to not have direct assistance.**

RELEASE FOR VIDEO, FILM and PHOTOGRAPHS

I authorize CLUBLIFE to record and photograph my image and/or voice and/or that of the subject named above for use by CLUBLIFE or its assignees in research, education and promotional programs.

I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed with or without charge, reproduced, broadcast, used online (website, social media, blog, etc) and/or reformatted in any form and manner without payment of fees, in perpetuity.

Parent/Guardian Signature Required

Date Required

RELEASE OF INFORMATION CONSENT

I hereby authorize the release of information from clublife to student advocate agency (i.e. LifeWays, Hope Network, Recovery Tech). Please indicate if appropriate, case manager name and contact number.

Case Manager:

Contact Telephone Number:

Parent/Guardian Signature Required

Date Required

EMERGENCY CONSENT

In case of an emergency, I, the guardian, request that CLUBLIFE secure appropriate medical treatment for the participant named above and then contact me immediately. I understand that any ambulance travel and medical treatment will be at my expense.

If I refuse emergency medical treatment for the participant named above, I will be asked to sign a waiver releasing CLUBLIFE and its employees of any liability in each incident.

Parent/Guardian Signature Required

Date Required

RECEIPT & AGREEMENT OF CLUBLIFE HANDBOOK

I have been given a copy of the CLUBLIFE participant handbook. I understand and agree to the policies and procedures set forth by CLUBLIFE. Should I, or the participant named above, not abide by these policies, I'm aware that there may be consequences, up to and including termination of participation of CLUBLIFE activities.

Parent/Guardian Signature Required

Date Required