



DOING THE MOST GOOD™



BOYS & GIRLS CLUBS

The Salvation Army Boys & Girls Clubs of Greater Charlotte

Membership Application – Summer 2021

Name of Child (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

Address _____
Street City Zip Code

Age of Child _____ Birth Date _____

Race _____ Gender _____

Academic Grade as of September 2021 _____

Current School _____

Has this child previously attended a Boys & Girls Club? () Yes () No If yes, location _____

Parent or Guardian Information:

Foster Child: ()YES or ()NO

Mother's Name: _____

Name of Employer: _____

Cellular Number: _____

Work Phone: _____

Father's Name: _____

Name of Employer: _____

Cellular Number: _____

Work Phone: _____

Email _____

Annual Household Income _____

Number of persons in household _____

Single Parent Household? Yes/No

Does this child receive ()Free Lunch () Reduced Lunch () Neither

Does this child live in public housing ()Yes () No

Military Household? () Yes () No Branch _____



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Name of Child or Youth Participant (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

PLEASE READ, INITIAL, AND SIGN BELOW SHOWING THAT YOU UNDERSTAND THE FOLLOWING:*

_____ I understand that The Salvation Army Boys & Girls Clubs of Greater Charlotte claims no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in any Club activities, sports programs, the use of any equipment, exercise, or other activities. I expressly acknowledge that I assume the risk for any and all injuries which may result from his/her participation in these activities. In consideration of the privilege of participating at the Clubs, I hereby voluntarily release and discharge The Salvation Army Boys & Girls Clubs of Greater Charlotte, its agents, servants, and employees from any and all claims for injury, illness, death, loss, or damage which my child may suffer as a result of his/her participation in these activities. A parent/guardian must discuss with the Unit Director any special conditions or circumstances involving his/her child. This must be completed prior to registration.

_____ I hereby give permission to the medical personnel selected by the Unit Director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Unit Director to secure and administer treatment, including hospitalization, for my child.

_____ I understand that no accident or medical insurance is provided with this activity.

_____ I give permission to The Salvation Army Boys & Girls Clubs of Greater Charlotte, without limitation or obligation, to use photographs, video footage, or tape recordings which may include my child's face or voice for purposes of promoting or interpreting Club programs and release the camp from any claim or liability to that use.

_____ I give my consent for the staff of the Boys & Girls Club to contact my child's school and/or teachers for purposes benefitting my child in connection to homework and schoolwork. I give permission for the Boys & Girls Club to receive a copy of my child's school report card each quarter of the school year.

_____ I give permission for the Boys & Girls Club to conduct surveys with my child regarding the Club program and/or my child's participation in activities. Survey results will be kept confidential.

In order for the Club member to use the Club's Technology Center, the Club must have a signed Acceptable Use Policy on file. Please note you only need to sign the policy once; it does not need to be renewed each year.

The information I have provided on this form is correct as far as I know, and the person herein described has permission to engage in all Club activities except as noted.

Signature of Parent/Guardian: * _____

Date: * _____

THE SALVATION ARMY BOYS & GIRLS CLUBS OF GREATER CHARLOTTE RULES

- I will respect and take care of the Club property and supplies
- I will treat all other people and their property with respect
- I will keep my hands to myself
- I will handle conflict in appropriate ways
- I will obey Club staff at all times
- I understand that possession of weapons, including knives and firearms, are cause to terminate my membership
- I will talk in ways that are not offensive to others
- I will abstain from tobacco, alcohol, and other drugs

DRESS CODE

- Hats should not be worn inside the Club building
- Off-the-shoulder, see-through, and bare midriff blouses, dresses, skirts, or short shorts are not permitted
- Tank tops in poor taste are not permitted
- T-shirts with offensive or negative messages are not allowed
- Pants must be able to stay on waist, or else be worn with a belt
- Shoes are to be worn at all times (no flip-flops for recreational activities)
- Male members should keep shirts on at all times while in Club

I wish to join The Salvation Army Boys & Girls Clubs of Greater Charlotte. I understand that I am responsible for taking care of the Club and everything in it. I understand that every member of the Club deserves respect and courtesy. If I fail to live up to the rules and codes listed in the Club Handbook, my membership may be suspended or terminated. If membership is terminated, I understand that I will be giving up all privileges to attend the Club, and my membership fee will not be refunded.

Child Applicant Signature:* _____ Date:* _____

Parent/Guardian Signature:* _____ Date:* _____

FOR OFFICE USE ONLY

Payment Date: ____/____/____ Receipt #: _____ Registration Amount Paid: \$ _____ Staff Initials: _____
 Age Group: _____ Membership #: _____ Membership Date: ____/____/____
 Attended Parent Orientation: No Yes Signed Copy of Acceptable Use Policy on File: No Yes Birth Certificate on File: No Yes



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BOYS & GIRLS CLUBS

Name of Child or Youth Participant (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

Special Events and Field Trips

I understand that the child named above will be participating in Boys & Girls Club Activities from June 1st, 2021 until August 31, 2021. I understand that during this period my child/youth may take part in activities such as: games, sports, fieldtrips, and other activities consistent with the purposes of the unit/program.

I agree that my child/youth can be transported in a Salvation Army Boys & Girls Club vehicle to and from school and any Club Activity.

Signature of Parent

Date

Printed Name of Parent



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BOYS & GIRLS CLUBS

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury I do hereby give permission for agents of The Salvation Army to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again; I agree to pay for the medical treatment.

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Health Insurance Information

Insurance Company: _____

Policy Number: _____

Phone Number: _____

Medical Doctor: _____

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

3. Name: _____ Phone Number: _____

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

(If this is a FOSTER CHILD this must be signed by the State Foster Care Caseworker)

Signature of Caseworker

Date

Print Name



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BOYS & GIRLS CLUBS

Name of Child or Youth Participant (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

Consent to Publication by The Salvation Army

I certify that I am at least 21 years of age, and the legal parent or guardian of the child named above. I hereby grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my child's name, signature and likeness, and any portraits, pictures, photographic prints or other representations of my child, or in which my child may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my child's name or a fictitious name, or the name of another person, with or without any statements or testimonials made by my child, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my child's name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Authorization Relating To A Minor or Individual Under Local Guardianship

I hereby certify that I am the (parent)/(legal guardian) of a minor child or dependent

_____, and have executed this release on
Child/Youth Name

Signature of Parent or Legal Guardian

Date

(If this is a FOSTER CHILD this must be signed by the State Foster Care Caseworker)



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BOYS & GIRLS CLUBS

CODE OF CONDUCT

1. This is my home away from home, I will treat it with respect, and I will keep it clean.
2. I will respect my fellow club members.
3. I will strive to keep my mind, body, and language clean.
 - (a) I will develop my mind so as to control my thoughts and actions.
 - (b) I will develop my body to keep it clean and healthy.
 - (c) I will develop my language, as it tells others what I am.
4. In my club I will be fully clothed.
 - (a) I will not wear a hat in my club.
 - (b) I will not wear swimsuits or short shorts in the program area.
 - (c) My coat or sweater and other personal belongings will be put in the proper place.
5. Our game room equipment will be used with respect.
 - (a) I will not sit on any tables.
 - (d) I will not allow any equipment to be mistreated.
6. My conduct shows what kind of person I am.
 - (a) I will not run in my club.
 - (b) I will not smoke in my club.
 - (c) I will not fight in my club.
 - (d) I will not gamble in my club.
 - (e) I will not take part in, or allow horseplay in my club.
7. When traveling, as a club representative, I will be well dressed and well behaved.
8. If I do not respect my club I know I will be suspended.
9. Above all I will respect and obey my club staff.
10. When visiting other clubs/community centers, I will always conform to the “CODE OF CONDUCT” established by the local club/community center.

CLUB MEMBER SIGNATURE _____

PARENT SIGNATURE _____

Date: _____



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BOYS & GIRLS CLUBS

Acceptable Use of Internet and Other Electronic Resources

The Salvation Army recognizes the value of computer and other electronic resources to improve learning and enhance the administration and operation of its programs. To this end, the Divisional Finance Board encourages the responsible use of computers; computer networks, including the Internet; and other electronic resources in support of the mission and goals of The Salvation Army. Because the Internet is an unregulated, worldwide vehicle for communication, information available to individuals is impossible to control. Therefore, the Divisional Finance Board adopts this policy governing the voluntary use of electronic resources and the Internet in order to provide guidance to individuals and groups obtaining access to these resources on The Salvation Army-owned equipment or through The Salvation Army-affiliated organizations.

The Salvation Army Rights and Responsibilities

It is the policy of The Salvation Army to maintain an environment that promotes ethical and responsible conduct in all online network activities by individuals. It shall be a violation of this policy for any individual to engage in any that does not conform to the established purpose and general rules and policies of the network. Within this general policy, The Salvation Army recognizes its legal and moral obligation to protect the well-being of individuals in its charge. To this end, The Salvation Army retains the following rights and recognizes the following obligations:

1. To log network use and to monitor fileserver space utilization by users, and assume no responsibility or liability for files deleted due to violation of fileserver space allotments.
2. To remove a user account on the network.
3. To monitor the use of online activities. This may include real-time monitoring of network and/or maintaining a log of Internet for later review.
4. To provide internal and external controls as appropriate and feasible. Such controls shall include the right to determine who will have access to The Salvation Army-owned equipment and, specifically, to exclude those who do not abide by The Salvation Army's acceptable use policy or other policies governing the use of facilities, equipment, and materials. The Salvation Army reserves the right to restrict online destinations through software or other means.
5. To provide guidelines and make reasonable efforts to train staff and computer users in acceptable use and policies governing online communications.

Staff Responsibilities

1. Staff members who supervise users, control electronic equipment, or otherwise have occasion to observe user use of said equipment online shall make reasonable efforts to monitor the use of this equipment to assure that it conforms to the mission and goals of The Salvation Army.
2. Staff should make reasonable efforts to become familiar with the Internet and its use so that effective monitoring, instruction, and assistance may be achieved.

User Responsibilities

Use of the electronic media provided by The Salvation Army is a privilege that offers a wealth of information and resources for research. Where it is available, this resource is offered to individuals at no cost. In order to maintain the privilege, users agree to learn and comply with all of the provisions of this policy.

Acceptable Use

1. All use of the Internet must be consistent with the mission and objectives of The Salvation Army.
2. Proper codes of conduct in electronic communication must be used. In news groups, giving out personal information is inappropriate. When using e-mail, extreme caution must always be taken in revealing any information of a personal nature.
3. Network accounts are to be used only by the authorized owner of the account for the authorized purpose.
4. All communications and information accessible via the network should be assumed to be private property.
5. Subscriptions to mailing lists and bulletin boards must be reported to the system administrator. Prior approval for such subscriptions is required for all users.
6. Mailing list subscriptions will be monitored and maintained, and files will be deleted from the personal mail directories to avoid excessive use of fileserver hard-disk space.
7. Exhibit exemplary behavior on the network as a representative of The Salvation Army and your community. Be polite!
8. From time to time, The Salvation Army will make determinations on whether specific uses of the network are consistent with the acceptable use practice.

Unacceptable Use

1. Giving out personal information about another person, including home address or phone number, is strictly prohibited.
2. Any use of the network for commercial or for-profit purposes is prohibited.
3. Excessive use of the network for personal business shall be cause for disciplinary action.
4. Any use of the network for product advertisement or political lobbying is prohibited.

5. Users shall not intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.
6. No use of the network shall serve to disrupt the use of the network by others. Hardware and/or software shall not be destroyed, modified, or abused in any way.
7. Malicious use of the network to develop programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computing system is prohibited.
8. Hate mail, chain letters, harassment, discriminatory remarks, and other antisocial behaviors are prohibited on the network.
9. The unauthorized installation of any software, including shareware and freeware, for use on The Salvation Army computers is prohibited.
10. Use of the network to access or process pornographic material, inappropriate text files (as determined by the system administrator), or files dangerous to the integrity of the local area network is prohibited.
11. The Salvation Army network may not be used for downloading entertainment software or other files not related to the mission and objectives of The Salvation Army for transfer to a user's home computer or other personal computer. This prohibition pertains to freeware, shareware, copyrighted commercial and noncommercial software, and all other forms of software and files not directly related to the instructional and administrative purposes of The Salvation Army.
12. Downloading, copying, otherwise duplicating, and/or distributing copyrighted materials without the specific written permission of the copyright owner is prohibited, except that duplication and/or distribution of materials for educational purposes is permitted when such duplication and/or distribution would fall within the Fair Use Doctrine of the United States Copyright Law (Title 17, USC).
13. Use of the network for any unlawful purpose is prohibited.
14. Use of profanity, obscenity, racist terms, or other language that may be offensive to another user is prohibited.
15. Playing games is prohibited unless specifically authorized by staff.
16. Establishing network or Internet connections to live communications, including voice and/or video (relay Chat), is prohibited unless specifically authorized by the system administrator.

Disclaimer

1. The Salvation Army cannot be held accountable for the information that is retrieved via the network.
2. Pursuant to the Electronic Communications Privacy Act of 1986 (18 USC 2510 et seq.), notice is hereby given that there are no facilities provided by this system for sending or receiving private or confidential electronic communications. System administrators have access to all mail and messages are susceptible to monitoring. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.
3. The Salvation Army will not be responsible for any damages you may suffer, including loss of data resulting from delays, non-deliveries, or service interruptions caused by our own negligence or your errors or omissions. Use of any information obtained is at your own risk.
4. The Salvation Army makes no warranties (expressed or implied) with respect to:
 - a. The content of any advice or information received by a user, or any costs or charges incurred as a result of seeing or accepting any information;
 - b. Any costs, liability, or damages caused by the way the user chooses to use his or her access to the network.
5. The Salvation Army reserves the right to change its policies and rules at any time.

Mission Statement

The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

Acknowledgement of Understanding

I have read and agree to comply with the terms of this policy governing the use of The Salvation Army's Internet and other electronic resources. I understand that violation of this policy may result in disciplinary action, including possible revocation of membership, termination and civil and criminal penalties.

Applicant's Printed Name

Guardian's Printed Name
(required for applicants under 18)

_____/_____/20_____
Applicant's Signature and Date
(required for applicants under 18)

_____/_____/20_____
Guardian's Signature and Date

(If this is a FOSTER CHILD this must be signed by the State Foster Care Caseworker)



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BOYS & GIRLS CLUBS

SMART MOVES

Parents/Guardians Notice and Consent Form

Your child has expressed an interest in participating in Boys & Girls Club's SMART Moves program. SMART Moves is Boys & Girls Clubs of America's nationally acclaimed prevention program educating youths about alcohol, tobacco, other drugs, teen sexual involvement and HIV/AIDS. Please keep in mind that our programs do the following:

- Only discusses topics that are relevant to your child's stage of development. For example, we will not discuss the risks of early sexual involvement with 7-year-olds.
- Only teaches the facts about alcohol, tobacco and other drugs and the risks of teen sexual involvement and HIV/AIDS. We do not discuss our personal theories or beliefs.
- Teaches kids how to avoid negative peer pressure (refusal skills training).
- Does not advocate birth control or talk about abortion.

In addition, because of grant funding requirements for the SMART Moves program, it may be necessary that we administer pre-and post-tests, an anonymous questionnaire about a child's personal background, and in some cases, keep progress notes on participants. These items may be necessary in order for our funding sources to evaluate the success of our program. Naturally, all of the above information will be kept strictly confidential.

If you have any questions about the SMART Moves curriculum and how your child will be involved, please attend our SMART Moves program orientation for parents/community members, scheduled for

_____ at _____. If you have any questions, suggestions or concerns,

please contact _____ at _____

_____ I DO give permission for my child to participate in the SMART Moves program.

_____ I DO NOT give my permission for my child to participate in the SMART Moves program.

Note: It is vital that your child return this letter in order to participate in the program.

Child's Name Age Boys & Girls Club (or Program Site)

Your Name Printed Your Signature Date



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BOYS & GIRLS CLUBS OF GREATER CHARLOTTE

I consent to Charlotte-Mecklenburg Schools releasing the following data for my child to The Boys & Girls Clubs of Greater Charlotte for the purposes of evaluating our program effectiveness, tracking member progress, and planning for future programs and activities. This consent remains in effect until notification from a parent or legal guardian is received by this agency notifying the agency to discontinue services and program involvement, or alternatively for one year. Data will also be collected for prior years. Data collected will include:

- Demographic data (that is, gender, race/ethnicity, grade level, school name)
- Limited English Proficiency (LEP) Status
- Exceptional Children (EC) and/or Gifted (AIG) Status
- Course Grades
- Standardized Test scores, levels, proficiency (that is, beginning, middle and end of year district and state tests)
- Attendance Data
- Behavior data (suspensions)
- Promotion/Retention
- GPA (High School Students Only)
- Graduation Status (High School Students Only)
- Credits Earned and Credits Attempted (High School Students Only)

Student Name (Legal First and Last Name)

Boys & Girls Club Location

Student CMS ID #

Student Birthdate (month, day, and year of birth)

Grade Level

Parent/Guardian Name

Parent/Guardian Signature to release data for monitoring student progress

Date



North Carolina Wildlife Federation, Inc.

RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK

In consideration for my participation in the North Carolina Wildlife Federation, Inc. (“**NCWF**”)

Great Outdoors University (GoU) programs over the next year. I acknowledge and accept the possible peril of personal injury and property damage that may be associated with these GoU programs. Therefore, I assume all risk of personal injury and property damage that may result from or arise out of my participation in these GoU programs and do hereby release, discharge, and hold harmless NCWF, its members, officers, directors, employees, agents, and volunteers from any and all claims, demands, actions, causes of action, and from any and all liability for damages, loss, expenses, and/or injuries arising from my participation in GoU programs, including those caused solely or in part by any negligence and/or recklessness of one or more of NCWF, its members, officers, directors, employees, agents, and volunteers.

I understand that NCWF may take photographs and/or videos during these GoU programs, and I give NCWF my permission to use any photographs and/or videos that contain my likeness in publications or videos produced by or on behalf of NCWF to help further its mission. I waive the right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation arising from NCWF’s use of such photographs or videos.

This Release and Waiver of Liability shall be binding on my heirs, executors, administrators, successors, and assigns.

The Undersigned has read and voluntarily signs this agreement which is valid for one year.

Participant’s Name: _____
(Print)

Parent/Guardian’s Name: _____
(Print)

Date: _____ Parent/Guardian’s Signature: _____



**Trips For Kids Charlotte -- Charlotte Recyclery
COVID-19 PANDEMIC EXTENSION**

THIS FORM MUST BE READ, COMPLETED IN FULL, SIGNED AND GIVEN TO THE TFKC/ RECYCLERY COORDINATOR BEFORE THE PARTICIPANT MAY TAKE PART IN THE ACTIVITIES AT THE CHARLOTTE RECYCLERY OR WITH TRIPS FOR KIDS CHARLOTTE.

EXPRESS ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT

In consideration for the services of Trips For Kids Charlotte, its Recyclery, its leaders, officers, agents and volunteers (collectively referred to herein as TFKC), I, on behalf of myself and/or as a parent or guardian of the minor child participating in the TFKC activity, and our heirs, agree as follows:

I understand and am aware that TFKC activities including, among others, use of TFKC tools for bicycle repair and transportation to and from such activities, are HAZARDOUS ACTIVITIES involving INHERENT AND OTHER RISKS of injury to any and all parts of the body. I further understand that injuries in the Activity are a COMMON AND ORDINARY OCCURRENCE, and I have made a voluntary choice for myself and/or the minor child listed below to ACCEPT AND ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with or result from this Activity.

COVID-19 RISK ACKNOWLEDGMENT:

I understand the risks associated with enrolling myself and/or allowing my minor child to participate in TFKC's programs, activities or summer camp during the current COVID-19 Pandemic and agree to assume the risks to my minor child and my household. I also agree to follow all safety requirements that the program/summer camp imposes as a condition of enrolling my child.

_____ (initials)

To the fullest extent allowed by law, I agree to RELEASE FROM LIABILITY and to INDEMNIFY AND HOLD HARMLESS TFKC from any and all liability on account of, or in any way resulting from, personal injuries, contraction of COVID-19 virus, death or property damage, even if caused by NEGLIGENCE, in any way connected with this Activity. I further AGREE NOT TO MAKE A CLAIM OR SUE FOR INJURIES OR DAMAGES RELATING TO THIS ACTIVITY, even if caused by NEGLIGENCE. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance of this Agreement shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this agreement have been made.

AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I recognize that medical or dental care may be necessary for myself and/or my minor child. I AUTHORIZE TFKC AND ITS LEADER(S) TO RENDER FIRST AID OR EMERGENCY CARE, within the scope of the certification of the leader(s). In addition, I authorize TFKC to call for medical or dental care for myself and/or my minor child if, in the opinion of TFKC, medical or dental care is needed. I AGREE TO PAY FOR ALL EXPENSES AND COSTS ASSOCIATED WITH SUCH CARE AND RELATED TRANSPORTATION. In addition, I hereby authorize and consent for any x-ray examinations, anesthetic, medical or dental or surgical diagnosis rendered under the general or social supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of North Carolina Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his best judgment may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached.

CONTINUE TO NEXT PAGE

To accomplish our goals, Trips For Kids Charlotte frequently sends press releases and photographs to the media (newspaper, radio, television and the internet) and uses photos in our own publications. It is the right of the individual whether or not to consent to the use of his/her photograph and/or name for the above publicity purposes. I hereby authorize Trips For Kids Charlotte to use any photos taken of me during Trips For Kids programs and activities.

_____ **YES** _____ **NO**

I HEREBY ACKNOWLEDGE THAT ALL THE INFORMATION I HAVE PROVIDED ON THIS AGREEMENT IS TRUE, CORRECT AND COMPLETE. I ALSO UNDERSTAND THAT DUE TO THE NATURE OF THE PROGRAMS THERE IS A HIGH LIKELIHOOD OF INTERACTING WITH CHILDREN. IT IS A POLICY OF TRIPS FOR KIDS THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AN NO COST TO ME. I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ, UNDERSTOOD AND ACCEPTED EACH OF THE ABOVE PROVISIONS, AND VOLUNTARILY SIGNED THIS AGREEMENT

Name of Participant

Name of Parent/Guardian of Minor Participant

Signature of Participant or Parent/Guardian of Minor Participant

Date

Address: _____

Email Address: _____

Phone: _____ Birth Date: _____

Date of Most Recent Tetanus Booster: _____

Known Allergies: _____