

MEMBERSHIP REGISTRATION/RELEASES

**Forms can be self-completed if you are 18 years old and over.*

Participant's Name: _____ Grade: _____

Participant's Parent/Guardian(s): _____

Mailing Address: _____
street address city state zip code

Parent/Guardian Phone: _____

Which program are you joining? (please check all that apply)

____ Social Media Marketing ____ Artist/Media Tech ____ Leadership ____ AIM ____ I AM Community

____ Other: (please specify) _____

PHOTO RELEASE:

Club Stride has a Media Team website, Facebook, Instagram, and other social media platform accounts where photos and videos from events, class presentations, etc. are periodically published. It is Club Stride's policy that photos of children are never published with names or other identifying information unless authorized in advance in writing by parents.

Initial one:

_____ Yes, you can use pictures and videos of my child. I hereby grant Club Stride permission to use my child's likeness in photographs, video, and other media in all its publications, including bulletin boards and website entries. I waive any right to royalties or other compensation arising or related to the use of photographs or videos.

_____ No, please do not print or publish photos or videos of my child online or in Club Stride-related publications.

GENERAL RELEASE:

"I/We hereby grant permission for my/our child _____ to be a member at Club Stride, and to participate in activities arranged by the Program Director. We recognize the importance of the commitment that he/she makes and that their participation as part of a larger community calls for responsible behavior. Therefore, I/we agree that if this child engages in behavior which, in the judgment of the adult leaders, is not in the best interest of the trip or event or on any Club Stride Inc., social media platform, our/my child or any member of the group may, therefore, be sent home. "

"I/We will assume full legal and financial responsibilities for such a return trip."

"I/We hereby release from any liability Club Stride, and all of its personnel, employees, adult leaders, and representatives from any claims for unintended or unexpected accidents which might occur during participation in events or traveling to or from said events sponsored by Club Stride, if they occur."

Signature of Parent/Guardian

Date

CONFIDENTIAL INFORMATION

Participant's Name: _____ Birth Date: _____ Gender: _____

Case of Emergency, please contact: _____ Phone: _____

Relationship: _____

Does this participant have any physical, psychiatric, emotional, or behavioral conditions of which the Media Team advisor should be aware?

Restrictions on activities: _____

Regularly prescribed medications and doses: _____

PARENT/GUARDIAN AUTHORIZATION:

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of Club Stride to take whatever steps they deem necessary to ensure the well-being of my child should a medical emergency occur during an event or activity.

Every attempt will be made to contact the child's parents and/or caregivers at the emergency contact provided.

I, _____ do hereby authorize Club Stride, to take necessary emergency measures in the treatment of (participant) if needed. My child is in good physical health and does not have any conditions or disabilities which may be aggravated except as noted on this form. If I cannot be reached in an emergency, at the time of an emergency, I authorize the physician selected by Club Stride to hospitalize, secure proper treatment for, and order injections, anesthesia, and surgery for my child named above.

Signature of Parent/Guardian _____ Date _____