



MASTER REGISTRATION FORM

Application for Membership September 2019 – August 2020

IMPORTANT: FRIENDS FOREVER Must have a current Master Registration Form on file. Please provide all requested information in the spaces provided on this Registration Form. Please PRINT all information and return entire application.

NOTE: It is the responsibility of the participant, parent/guardian or caregiver to provide any updates to this form, in writing, to Friends Forever, Inc.

PLEASE SIGN AND DATE ON REVERSE SIDE.

PARTICIPANT'S NAME: _____

SEX (circle): MALE FEMALE AGE: BIRTHDATE: _____

MAIL TO ADDRESS: _____ RESIDENCE (if different): _____

CITY: _____ CITY: _____

STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

PHONE: _____ RESIDENCE PHONE: _____

PARENT/GUARDIAN: _____ PARENT/GUARDIAN PHONE: _____

CAREGIVER/AGENCY: _____ CAREGIVER/AGENCY PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

NATURE OF SPECIAL NEED DIAGNOSIS (ie: Down Syndrome, CP, Autism, etc): _____

MEDICAL CONDITIONS: Diabetes _____ Shunts _____ Braces _____ Canes _____ Walker _____ Hearing Aid _____ Glasses _____

Other/Notes _____

If using a wheelchair, is participant capable of transferring themselves? Yes _____ No _____ Wheelchair type: _____

Does the participant suffer from Seizures? Yes _____ No _____

ALLERGIES (Specific): _____

BASIC MEDICATIONS: _____
(FRIENDS FOREVER REQUIRES THIS INFORMATION, IN CASE OF EMERGENCY.)

OTHER COMMENTS/INFO: _____

RELEASE OF INFORMATION PERMISSION FOR FRIENDS FOREVER, INC.

I DO _____ DO NOT _____ grant permission for this participant's picture to be used for brochures or promotion related to Friends Forever activities.

Women's Shirt Size: S M L XL 2XL 3XL

or Men's Shirt Size: S M L XL 2XL 3XL 4XL 5XL

PARTICIPANT IS (PLEASE CIRCLE) NOT BOWLING BOWLING (Note that Bowling is an additional \$9 per week or \$270 per year)

PLEASE MAKE CHECKS OUT TO: FRIENDS FOREVER, INC.
MAIL APPLICATION AND PAYMENT TO: FRIENDS FOREVER MEMBERSHIP
P.O. BOX 30203, Middleburg Heights, OH 44130
MEMBERSHIP DUES ARE \$75.00 PER YEAR FOR EACH PARTICIPANT. DUE JULY 31, 2019



WAIVER OF LIABILITY AND MEDICAL RELEASE FORM

FRIENDS FOREVER, INC. is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. Friends Forever continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians registering for the program/activities listed above must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities. You are solely responsible for determining if you or your child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered

an illness, injury or impairment, to consult a physician before undertaking any physical activity. Recreational programs/activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program/activity. Understandably, not all hazards and dangers can be foreseen or avoided.

Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for Friends Forever to assure injury free activities.

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to my child/ward or me) as a result of participating in these programs/activities against Friends Forever including its officials, agents, volunteers and employees (hereinafter collectively referred as Friends Forever) I do hereby fully release and forever discharge Friends Forever from any and all claims for injuries, damage, or loss that my child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with these programs/activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Friends Forever, Inc. shall provide supervision to the best of its ability, however it is expressly understood that it is impossible to avoid accidents or injuries occurring during sports related activities and events. Therefore this waiver does expressly release Friends Forever, Inc. its officers, employees, volunteers or third party providers of services or activities, from any and all claims regarding its supervisory role.

PLEASE DO NOT SIGN THIS AGREEMENT if any terms or wording of this MEDICAL AND LIABILITY RELEASE are confusing or unclear. If you have any questions or concerns about your unconditional release of liability against Friends Forever, Inc., its officers, employees, volunteers, or third party providers of services or activities, please consult with an Attorney prior to signing your name. Otherwise, it is understood that the terms, conditions, releases, waivers, discharges contained herein are clearly understood and accepted by the responsible party.

It is understood that Friends Forever, Inc. is a VOLUNTEER non-profit organization providing a service for the named applicant. Please be aware that Friends Forever requires ALL members to have a responsible person in attendance at ALL of our events, which includes BOWLING! If your member needs assistance in any way, YOU MUST BE PRESENT TO HELP.

Please be aware in order to reduce safety risks, Friends Forever, Inc. reserves the right to deny or terminate any membership if the applicant displays any aggressive language, behavior or action towards any other member, parent, caregiver or any organization officers, employees or volunteers. Please contact us if there are any specific questions or concerns.

Date _____

Participant's Name (Please print) _____

SIGNATURE (REQUIRED) _____
(Participant, parent / legal guardian or caregiver signature required to acknowledge the information above)

Please Print Name (if different from participant name) _____

**Please make checks out to: FRIENDS FOREVER, INC.
MEMBERSHIP DUES ARE \$75.00 PER YEAR FOR EACH PARTICIPANT.
Deadline for application and membership payment is July 31, 2019.**

All applications and payments received after that date will be accepted on an available space basis.

PLEASE BE SURE TO SIGN ABOVE AND FILL OUT OTHER SIDE COMPLETELY.

Friends Forever, Inc. • P.O. Box 30203 • Middleburg Heights, Ohio 44130 • 216-452-0902

www.friendsforeverinc.org