

DATE REC'D _____

CASH / CHECK # _____

AMOUNT \$ _____



MASTER REGISTRATION FORM

Application for Membership September 2025 – August 2026

IMPORTANT: FRIENDS FOREVER Must have a current Master Registration Form on file. Please provide all requested information on both sides of 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 ASAP, to Friends Forever, Inc.

PLEASE SIGN AND DATE ON REVERSE SIDE.

PARTICIPANT'S NAME: _____

NICKNAME: _____

GENDER (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: _____

PARENT/GUARDIAN EMAIL: _____

CAREGIVER/AGENCY: _____

CAREGIVER/AGENCY PHONE: _____

CAREGIVER/AGENCY EMAIL: _____

EMERGENCY CONTACT: _____

PHONE: _____

DD DIAGNOSIS (Please Specify – Down Syndrome, Epilepsy, CP, Autism, Brain Damage, etc): _____

MEDICAL CONDITIONS: Diabetes _____ Shunts _____ Walker _____ Cane _____ Leg Braces _____ Hearing Aid _____ Glasses _____

Are there medications being used to manage a condition? Yes _____ No _____ Is medication carried at all times? Yes _____ No _____

ALLERGIES OTHER THAN SEASONAL: _____

Notes _____

Does the participant suffer from Seizures? Yes _____ No _____

Does the participant use a Wheelchair? Yes _____ No _____

If in a wheelchair, is participant capable of transferring themselves? Yes _____ No _____ Chair type: Motorized _____ Manual _____

PARTICIPANT IS (PLEASE CIRCLE)

NOT BOWLING

BOWLING

(Note that Bowling is an additional \$10 per week or \$300 per year)

If participant is bowling, is a ramp required? Yes _____ No _____

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

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

PERMISSION TO USE PHOTO 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.

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, 2025

BOWLING IS AN ADDITIONAL \$10 PER WEEK OR \$300 PER YEAR – SEE BOWLING LETTER



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 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.

BOWLING IS AN ADDITIONAL \$10 PER WEEK (can be paid weekly or monthly) OR \$300 PER YEAR.

Deadline for application and membership payment is July 31, 2025.

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

VoiceMail: 216-452-0902 • Email: info@friendsforeverinc.org

www.friendsforeverinc.org