



Friends & Pals - Teen Club

REGISTRATION & RELEASE FORM (Please Print)

Last Initial

Office Use:
GF
CF
ALLERGY

Participant's Last Name: _____

Participant's First Name: _____ Age: _____ DOB: _____

Verbal Ability: _____

Parent's Name: _____

Home Phone Number: (____) _____ Cell # (____) _____

Current Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Would you like to be included in a Friends & Pals Teen Club Directory? The directory would be provided to the club participants. **YES or NO** (please circle your answer)

Emergency Contact Name/Number: _____

(if we cannot reach you) **NAME & NUMBER:** _____

Allergy/Medical/Behavior: _____

ABSOLUTE RELEASE OF LIABILITY

I recognize the potential for injury which can occur in engaging in activities in the public such as but not limited to games/play with other individuals. I hereby consent to myself, the named participant and any other parent or guardian to participate in games/play with other participants on equipment used by Autism Society NWPA, and do hereby, for myself, the above named participants and any other parent or guardian, waive and release any and all rights and claims for damages that I, the above named participant, or other parent/guardian may have at any time against Autism Society NWPA, or any of its agents for any injury or damages in connection with me or the attendees' association with games/play with other individuals or any other activity associated with or sponsored by Autism Society NWPA. **At their discretion, Autism Society NWPA reserves the right to require an attendee to leave an event do to safety concerns.**

PARENT/LEGAL GUARDIAN SIGNATURE

_____/_____/_____
DATE

PHOTO CONSENT

I grant permission to all foregoing to use any photographs, motion pictures, recordings, or any other records of this event for any legitimate purpose. The photos would be used to promote and share the Friends & Pals Teen Club on social media to include Facebook and Instagram and our website and electronic newsletter.

(Initials)