

VALLEY FRIENDSHIP CLUB PARTICIPANT FORM

PARTICIPANT INFORMATION

Name:

Date of birth:

Age:

Male _____ Female _____

Current address:

City:

State:

ZIP Code:

Phone:

Cell Phone:

Email:

PARENT/GUARDIAN/TEEN PARTICIPANT/VOLUNTEER INFORMATION

Name(s):

Address:

Phone:

E-mail:

City:

State:

ZIP Code:

Parent

Guardian

Teen Participant

Volunteer

EMERGENCY CONTACT

Name:

Address:

City:

State:

Relationship:

Phone:

ZIP Code:

PARTICIPANT'S ABILITY INFORMATION

ADDITIONAL INFORMATION, PLEASE BE THOROUGH THIS INFORMATION COULD BE CRUCIAL TO THE SAFETY OF THE PARTICIPANT (SEIZURES, BEHAVIORS W/REDIRECION TECHNIQUES, ALLERGIES, ABILITIES, ASSISTANCE, ETC)

SIGNATURES

I give permission for the participant listed below to be photographed and permission to have the participant's name used with the photo in the VFC printed materials and the VFC website.

I give permission for participant to be photographed but do not use participant's name.

I do not want participant's photo or name used in any VFC printed materials or the VFC website

By Signing below I agree to the VFC Agreement previously on file.

Signature of Participant:

Date:

Signature of Parent/Guardian:

Date:

Signature of Parent/Guardian:

Date: