



Friend Registration & Release

Friend Contact Information	
Name	
Street Address	
City, ST, Zip Code	
Home Phone	() -
Work Phone	() -
Cell Phone	() -
E-Mail Address	
T-Shirt Size	

Person to Notify in Case of Emergency	
Name	
Street Address	
City, ST, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Relation	

Primary Care Physician	
Name	
Street Address	
City, ST, Zip Code	
Work Phone	
Cell Phone	
E-Mail Address	

Allergies & Medications	
Allergies (Including Food)	
Medications	

_____ Initials

SonShine Club Friend Registration (Cont.)

Other Considerations	
	Please list any and all special instructions pertaining to the care and safety of the participant
Type of supervision required (does our Friend need a trained staff present, can they be left alone, etc.)	
Basic independent living skills	
Preferred form of communication (i.e. verbal, sign, etc.)	
Nutrition issues (special diets, can they eat whole foods, chopped, etc.)	
Please list any other Safety and Health issues that need to be known	

Photo, Video, and Likeness Release	
<p>SonShine Club will be taking pictures... lots of pictures. We hope you will allow us to use pictures on our website or on any other media to further the ministry. By signing below you will consent to and authorize the use and reproduction by the SonShine Club, Inc. of any and all photographs, videos, and any other audio/visual materials taken of you for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the program.</p>	
Name (printed)	
Signature	
Date	
Parent/Legal Guardian Name (Printed):	
Signature	

Liability Release	
<p>While participating in activities at the SonShine Club, I understand that the SonShine Club's staff has safety as the utmost priority and will take the proper precautions to make sure no one gets hurt. However, I do realize and understand that there is a risk of injury in participating in activities at the SonShine Club. Understanding this risk, I hereby do release any and all liability of the SonShine Club for any loss, damages, injury, or expense that I may incur as a result of my participation.</p>	
Name (printed)	
Signature	
Date	
If Participant is a minor:	
Parent/Legal Guardian Name (Printed):	
Signature	

SonShine Club Friend Registration (Cont.)

Medical Treatment Consent and Release

I understand that by signing this Consent Agreement, I give authorization to the SonShine Club, Inc. to secure medical treatment and transportation in the occurrence of a medical incident that could be life threatening or needs immediate treatment. I understand and authorize the SonShine Club, Inc. to release pertinent medical information to authorized individuals or agencies.

Name (printed)	
Signature	
Date	
Parent/Legal Guardian Name (Printed):	
Signature	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	
Parent/Legal Guardian Name (Printed):	
Signature	

Confidential Information & Discrimination Policy

All personal information that is gathered by the SonShine Club, Inc. will be considered confidential and will not be used without obtaining proper consent.

It is the policy of this organization to provide equal opportunities without regard to race, color, national origin, gender, age, or disability. Our simple guideline is to use The Holy Bible, Prayer, and discernment from the Holy Spirit to make decisions.

Thank you for completing this application form and for your interest in our program.