



# Membership Application

## Elementary School Programs

### Member Profile

Name of school:	Gender:
Child's name:	Birthdate:
Class/Homeroom Teacher:	Grade:
Primary Email Address:	Alt E-mail:
Home Address:	Phone:

### Emergency Contact Information

Name:	Phone:
Email Address:	

### Chapter Role and Accommodations

Does the member have intellectual or developmental disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any other requests or needs we should be aware of?		

### Acknowledgement

Best Buddies members agree to:

Abide by the Member Code of Conduct, Acknowledgement, and General Release of participation as outlined on the Best Buddies Library; available for review here: <https://www.bestbuddies.org/member-agreement/>.

To give permission to be photographed and/or filmed at any Best Buddies activity, and that any photograph or videotape may be used at the discretion of Best Buddies for publicity purposes. ☐ **DECLINE/OPT OUT**

Initial below to indicate that you have read and agree to the terms above.

Member initials (required):

Parent/guardian initials (required):

### Participant Consent

I, \_\_\_\_\_, hereby grant permission for membership with  
(Parent/Guardian Name)

Best Buddies International for this academic year for \_\_\_\_\_ at  
(Child's Name)

\_\_\_\_\_  
(Print School/Chapter Name)

Participant signature

Date (indicates academic year)