



Membership Application

Elementary School Programs 2020-2021

Member Profile

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

Emergency Contact Information

Name:	E-mail:	Phone:
-------	---------	--------

Chapter Role and Accommodations

Does the member have intellectual or developmental disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any medical or dietary issues we should be aware of (e.g. severe allergies, seizure disorders, medication)?		
Are there any mobility or transportation needs we should be aware of (e.g. wheelchair accessible transportation)?		
Are there any communication needs we should be aware of (e.g. blind/visually impaired, deaf/hard of hearing, speech/language impairment, non-English speaker)?		
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 the 2020-2021 program year, commencing July 1, 2020 and ending June 30, 2021,

for _____ at _____
(Participant Name) (Print School/Chapter Name)

Participant signature

Date