

Social Club Application: Spring 2019



Email: info@secondnaturesocialskills.com

Phone: 508.747.2663

Address: 29 South Park Avenue, Plymouth, MA, 02360

Name _____

Age _____ Date of Birth _____ Gender: Male Female

Parent's Name: _____

Address: _____

Phone _____ Email: _____

Emergency Contact Person: _____

Emergency Contact: (Home): _____

Emergency Contact: (Cell): _____

Which number do you prefer us to try first while your child is with us? Circle One: Home/Cell

Please list any allergies or accommodations needed in order to participate.

Saturday Social Club 8 Week Schedule

April 27, May 4, 11, 18 June 1, 8, 15, 22

<i>11:45am-12:45pm Offering</i>	<i>12:45pm-1:45pm Offering</i>
<input type="checkbox"/> S.T.E.A.M. Club (Science, Technology, Engineering, Art, and Math)	<input type="checkbox"/> Lunch Club (offsite and a minimum of \$5.00 needed if purchasing food/drinks)

Payment: \$15.00 per club/2 clubs for \$25.00

Parent/Legal Guardian Waiver, Release & Responsibility Form

Please read carefully and initial next to each section:

_____ A. General Liability Waiver

I, _____, being the parent/legal guardian of _____, do hereby consent to his/her participation in voluntary projects and functions sponsored and/or organized by Second Nature Social Skills©, its members, or its staff (hereafter referred to as Second Nature©). I understand that he/she is responsible for his/her behavior. I do hereby waive and release Second Nature©, their service partners (including schools) and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's participation in Second Nature© organized and/or sponsored projects or functions.

_____ B. Transportation Liability Waiver

I do hereby consent to Second Nature© providing transportation (in private vehicles) for my child/ward if necessary. I understand this service is not guaranteed. I do hereby waive and release Second Nature©, their service partners and/or sponsors of any project or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's involvement in transportation services provided by Second Nature©.

_____ C. Release to Seek Medical Treatment*

In the event of a medical emergency, I do hereby consent to Second Nature© releasing my child/ward to the nearest, most appropriate medical professional available. I understand that Second Nature© will notify me of such an event immediately after they have sought proper medical treatment for my child/ward. Second Nature© should contact me at the following phone number: _____.

***If your child/ward has a chronic or recurring medical condition, for which emergency treatment is not necessary, please discuss your child's/ward's needs with Second Nature© directly.**

_____ D. Photo/Video Release

I hereby grant Second Nature© permission to use my child's/ward's likeness in a photograph/video in any of its publications, including website entries, without payment or any other compensation. I understand and agree that these materials will become property of Second Nature© and will not be returned.

_____ E. Video Release

I hereby grant Second Nature© permission to use my child's/ward's likeness in a video for educational purposes. I understand that it will be shared and reviewed with other video participants, the video participant's parents / guardians, Second Nature© Educators, and attendees at Second Nature© sponsored educational events.

By signing below, I indicate that I understand and agree to the items initialed above.

Legal Guardian: _____

Date: _____