

*Social Club Application: Fall 2019*



Email: [info@secondnaturesocialskills.com](mailto: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 12 Week Schedule**

September 7, 14, 21, 28, October 5, 19, 26, November 2, 9, 16, 23, December 7

No Club Offerings Columbus Day and Thanksgiving Day weekends

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