

Eddie's Club Registration Form

We are requesting a profile of your child to help your child's peer buddy. All information is shared with your child's peer buddy. Please make your answers as detailed as possible. Do not hesitate to offer suggestions as to how to be more effective in working with your child. Please provide a picture of your child with this registration form. **Mail to: Eddie's Club, 8810 Dianne Place, Springfield, VA 22152**

A contributory registration fee, per family, of \$50 is requested

OFFICE USE ONLY : Check # : _____ Cash : _____ Scholarship : _____

FAMILY INFORMATION

Family Name: _____ Address: _____

Home Phone: _____ City: _____

Zip _____

Family E Mail Addresses: _____

Father's Name: _____ Mother's Name: _____

Father's Cell: _____ Mother's Cell: _____

Emergency Contact Person: _____ Emergency Contact #: _____
(For use if parents cannot be contacted)

CHILD'S INFORMATION

Last Name: _____ First Name: _____ Nickname: _____

Date of Birth: ____/____/____ Height: _____ Weight: _____ Gender: ____ School: _____

Child's Disability: _____

Special Needs (walker, wheelchair, signer, restroom assistance): _____

Strengths: _____

Behavioral Concerns: _____

Conversation starters (brothers, sisters, friends, pets, interests, etc): _____

MEDICAL RELEASE

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (I.e. EMT, First Responder, E.R. Physician)

Physician Name: _____ Phone #: _____

Address: _____ Medications: _____

Medical conditions to be aware of (diabetic, seizures, asthma, vomiting, etc.): _____

Warning OR Indicators of medical or emotional concerns: _____

Authorized Parent/Guardian Signature

Date

PHOTOGRAPHY PERMISSION

I **give / do not give** permission to Eddie's Club to take photographs or video clips of my child to be used to help promote Eddie's Club. The photographs/video clips could be used in a photo album, on the Eddie's Club website, newspaper articles, or television media.

Authorized Parent/Guardian Signature

Date

Release of Liability

My child, _____, will be participating during the upcoming 2009 – 2010 sessions as will our family. We understand that there will be activities such as parties, field trips and sporting events that we will have the opportunity to participate in under the sponsorship of Eddie's Club.

I hereby release and discharge Eddie's Club, Inc. and any of its volunteers, directors, or staff members from any and all liability or responsibility for any accident or injury to person or property which may occur during the course of the Sunday afternoon activities and any extracurricular activities sponsored by Eddie's Club.

I also understand that it is my responsibility to insure that my child will be picked up from Eddie's Club by the end of each Sunday session at 4:00 PM. If there is an emergency that disallows me from picking up my child, I understand that I must contact Eddie's Club and notify them as to what time my child will be picked up. I also understand that my child must be accompanied by a responsible adult to participate in any special activities sponsored by Eddie's Club, to include holiday parties, field trips, other similar activities and that I assume complete responsibility for any accidents or injuries to person or property involving my child.

Parent / Guardian Signature: _____

Print Name: _____

Date: _____

Insurance regulations disallow any member of Eddie's Club to transport any child from the operating premises. If your child has not been picked up by 5:00 PM from Eddie's Club, it will be necessary for us to call the local police to have them bring your child to their station until you can be reached. Fairfax County regulations do not allow us to be in the school after 5:00 PM.