NEW ENGLAND YOUTH ALLIANCE (NEYA)

| MEMBERSHIP APPLICATION | | | | |
|---|--|---|--|--|
| APPLICANT INFORMATION | | | | |
| Member's Name | | | | |
| Date of birth: | Cell Phone: | Email: | | |
| Current address: | | | | |
| City: | State: | ZIP Code: | | |
| Gender: Male Female (Please circle) | Grade: | School: | | |
| | PARENTS INFORMATION | | | |
| Father's Name: | Mother's Name: | | | |
| Father's Email: | | Father's Cell Phone: | | |
| Mother's Email: | | Mother's Cell Phone: | | |
| | EMERGENCY CONTACT | | | |
| Name of a relative not residing with you | | | | |
| Address: | | Phone: | | |
| City: | State: | ZIP Code: | | |
| Relationship: | | | | |
| | PRIMARY CARE PHYSICIANS INFORM | MATION | | |
| Name and affiliation: | | | | |
| Address: | | Phone: | | |
| | HEALTH INSURANCE INFORMAT | TION | | |
| Company Name & Address: | | | | |
| Phone: | Policy Number: | | | |
| | ALLERGIES AND MEDICAL CONSIDER | RATIONS | | |
| | | | | |
| | | | | |
| | | | | |
| SIGNATURES | | | | |
| promptly to ensure I, or my child receive | the care that may be needed in a case of e | rrect and up to date. I agree to update any changes emergency. I have read and fully understand the rules, terms and I understand that violations may result in | | |
| Member signature: | | Date: | | |
| Member's parent signature (only if child is under 18 years of age): | | Date: | | |
| MEMBERSHIP FEE | | | | |
| Financial assistance maybe provided, ple financial hardship. | · | this membership. NO one will be denied membership due to | | |
| Fee received : Yes No (Please ci | rcie) | Date: | | |

NEYA Rules & Regulations

The New England Youth Alliance shall hereinafter be referred to as "NEYA"

Respect: All members must treat staff, volunteers and other members professionally and respectfully. No offensive language or behavior will be tolerated. No bullying or fighting.

Substances: No alcohol, tobacco or drugs permitted anywhere on any premises associated with NEYA including outing locations.

Attire: Proper, modest attire required. Specifically, no revealing or tight clothing allowed

Personal Property: Member agrees that NEYA shall not be liable for any loss, damage or theft of personal property occurring at the facility, parking areas or areas surrounding the property.

Equipment: All equipment or materials used or borrowed from NEYA by a members must be returned.

Food or Drink: No food or drink is allowed anywhere in the facility except in designated areas.

Compliance: Strict compliance with the above code of conduct as specified on all signs posted within the premises is required at all times.

Internet Use and Regulations: Access to the Internet will enable members to explore thousands of libraries, databases, and bulletin boards throughout the world. Families should be warned that some material accessible via the Internet might contain items inaccurate, inappropriate or potentially offensive to some people. The network is provided for members for educational and resource purposes only. Access to the network services is given to members who agree to act in a responsible manner. Access is a privilege—not a right. NEYA is not responsible for restricting, monitoring, or controlling the communications of individuals using the network.

Release of Liability: Accident/Injury: Member represents that he/she is in sound physical condition and expressly agrees that all exercises, sporting events, and outings shall be undertaken at his/her own risk and that NEYA, its employees, and volunteers shall not be liable for any claims or demand arising out of his/her use of the facility or while on property.

Governing Law: The laws of the State of New Hampshire shall govern this agreement.

Agreement: This legally binding agreement represents the complete understanding between the member and NEYA. NO representations, written or oral, other than those contained within this agreement, are authorized or binding upon NEYA.

Invalidity: If any provision of this agreement is invalid or inoperative under law, the remaining provisions of this agreement shall continue in full for and effect.

No solicitation of products, goods, or any other items or services.

Fee: The individual joining fee is \$100.00 per year. Special arrangements can be made for families or individuals with limited resources.

Refunds: No refunds will be given at any time.

The Center May Change Rules and Regulations Without Notice

| Acknowledgement: I have read, understand, and agree to the above membership policy, rules, and regu | ılations. I |
|---|-------------|
| accept the terms and conditions as set forth in this agreement. I understand that violations may | result in |
| termination of membership. | |

| Member signature: | Date: |
|---|-------|
| Member's parent signature (if child is under 18): | Date: |

NEYA Consent and Release Form

Liability

In enrolling myself or my child with NEYA, I understand that I and/or my child assume any and all risks which might be associated with its activities and waive and release all rights and claims for the damages which my child, heirs, executors, administrators, assigns or I may have against NEYA, its directors, coaches, officials, volunteers, chaperones, or representatives for any and all injuries or damages of any kind suffered as a result of participation in the membership of the NEYA.

Medical Release

To ensure prompt attention in case of serious accident or illness, I hereby authorize NEYA, its NEYA, its directors, coaches, officials, volunteers, chaperones, or representatives to incur expense deemed necessary and agree to pay for the same, if they are not covered by any insurance policy. Should the need arise; I give permission to the NEY representative to take me, or my child to a doctor or hospital for medical treatment. I also authorize the NEYA representative to execute any or all documents in my behalf, including necessary releases, which might be required by a medical facility to perform emergency care.

Photo Release

I, grant NEYA, persons acting for or through the organization, the right to use, reproduce, assign and distribute photographs, films, video tapes and sound recordings of myself and/or my child to use for public relations, slide shows, newspapers and/or advertising for NEYA. I agree with the Release of Liability and the Photo/Media statement and release all NEYA Staff and the Board of directors.

| Member signature: | Date: |
|---|-------|
| Member's parent signature (if child is under 18): | Date: |