



P.O. Box 910044, Lexington, KY 40591

Lexington e's Club
YOUNG ADULT MEMBER APPLICATION AND AGREEMENT

Please submit completed form by email to esCLUBky@gmail.com or by mail to PO Box 910044, Lexington KY 40591.

Applicant's Name: _____ Birthdate: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact email: _____ Contact phone: _____

Gender: _____ Applicant Lives With: _____

Pronouns: _____ Race/Nationality: _____

Allergies: _____ Special Diet: _____

Any relevant medical conditions: _____

Special medical considerations & instructions (if needed): _____

How did you hear about e's Club? _____

Current social activities (e.g., YMCA, clubs, leagues, church, etc.): _____

Hobbies or interests: _____

Grade in School: _____ School Currently Attending: _____

Previous schools attended:	Name of School	Academic Year/Grade Level Attended



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Relevant therapeutic interventions (Use additional space if needed)

Service Type (PT, OT, ST, ABA, social skills, etc.)	Date Started/Ended	Individual or Group	Service Provider

FAMILY INFORMATION

Is the applicant currently in legal guardianship? _____ In process of filing for legal guardianship? _____
Name(s) of Legal Guardians: _____

Caregiver 1 - Contact Info:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____

Caregiver 2 - Contact Info:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____

Siblings:

Name(s): _____ Age(s): _____

Please list emergency contacts in case parent/guardian/caregiver(s) cannot be reached:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Pick-up Information:

Please list all persons who are authorized to pick up the participant

Please list any person(s) **NOT** authorized to pick up the participant

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____



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ERIN'S HOPE FOR FRIENDS KENTUCKY PARENTAL/GUARDIAN CONSENT, RELEASE OF LIABILITY, EXEMPTION DISCLOSURE, AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Applicant's Name: _____ Applicant's Birthdate: _____

Legal Guardian's Name(s), if applicable: _____

I give my consent for the Applicant to participate in the Erin's Hope for Friends Kentucky "Lexington e's Club" program (the "Program"). If the Applicant suffers an injury or illness while participating in the Program, and the Program is unable to contact me immediately at the telephone number(s) listed on page 2 of this application, I hereby authorize the staff of the Program to obtain such emergency medical care or treatment as the Program deems reasonably necessary. This consent is signed only for the purpose of authorizing medical treatment under emergency circumstances in my absence.

In consideration for the agreement of Erin's Hope for Friends Kentucky, Inc. (the "Foundation") to permit the Applicant to participate in the Program, I, on behalf of the Applicant, hereby release, waive, and covenant not to sue the Foundation or its directors, officers, employees, agents, representatives, staff, and volunteers (collectively, "Foundation Releasees") from any and all claims, demands, or causes of actions that may accrue to the Applicant, me, or any other representative of the Applicant for damages, injury, or death to the Applicant as a result of the Applicant's participation in the Program, and agree to indemnify, defend, and hold harmless the Foundation Releasees from any claim or liability whatsoever, including but not limited to, personal injury, property damage, court costs, and attorneys' fees, however caused or incurred, as a result of the Applicant's participation in the Program, except for conduct constituting gross negligence by the Foundation Releasees.

Medical Insurance Company: _____ Medical Insurance ID #: _____

Medical Insurance Group #: _____ Medical Insurance Co. Phone #: _____

Physician Name: _____ Physician's Phone #: _____

In the event that emergency transportation becomes necessary, my hospital preference is:

Applicant's Signature: _____

Applicant's Printed Name: _____ Date: _____

Guardian/Caregiver Signature: _____

Guardian/Caregiver Printed Name: _____ Date: _____



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AUTHORIZATION TO RELEASE PHOTOGRAPHIC OR VIDEOGRAPHIC INFORMATION

I, _____ (Applicant's full name), and I _____

parent or legal guardian of _____ (the "Applicant") hereby irrevocably CONSENT TO, AUTHORIZE, and GRANT to Erin's Hope for Friends Kentucky, Inc. (the "Foundation") and its affiliates, including but not limited to e's Club, and their respective subsidiaries, successors, and assigns (collectively, the "Foundation Parties") permission for the taking of photographs, video, audio, or other recording of my likeness and the Applicant's likeness in connection with the Program and any other function or event held, organized, or sponsored by the Foundation or in which the Foundation is involved. Furthermore, I hereby irrevocably CONSENT TO, AUTHORIZE, and GRANT to the Foundation Parties, worldwide and forever, the non-terminable and unlimited right to use, reproduce, and license my name and likeness and the Applicant's name and likeness and any photograph, video, audio, or other recording thereof, in all forms and media now known or hereafter invented, including without limitation portions, composites, likenesses, or distortions or alterations of same (collectively, the "Intangible Property Rights"), to be used in future print materials and Internet materials such as newsletters, annual reports, fundraising brochures, and other promotional and advertising materials for the Foundation Parties, and for any other lawful commercial or non-commercial purpose, as the Foundation Parties may see fit. All negatives, positives, video or audiotapes, electronic files, or other recordings, together with any prints shall constitute property of the Foundation Parties, solely and completely.

I hereby release, discharge and hold harmless each of the Foundation Parties and their respective directors, officers, employees, agents, representatives, successors, assigns, or any person or entity acting under the permission of the Foundation Parties, including without limitation any person or entity publishing or distributing the finished prints, photographs, video or audiotapes, electronic files, or other recordings, from any claims or losses arising out of any such person's or entity's use of my Intangible Property Rights.

It is the purpose of this release to grant the Foundation Parties all additional rights with respect to the use of the Intangible Property Rights and associated materials.

Applicant's Signature: _____

Applicant's Printed Name: _____ Date: _____

Guardian/Caregiver Signature: _____

Guardian/Caregiver Printed Name: _____ Date: _____



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Lexington e's Club EXPECTATIONS & CODE OF CONDUCT

The mission of Erin's Hope for Friends is to create lasting relationships through joyful interactions for autistic teens and young adults. Our vision is to fundamentally change the lives of teens and young adults with autism by providing a safe, supportive place for them to connect with others, build relationships, and have fun. Those who benefit from e's Club members-only events are generally able to do the following with minimal support:

- Maintain safe language and behavior
- Communicate basic wants and needs
- Share materials, space, and activities
- Complete necessary hygiene needs

Lexington e's Club recognizes the right of all e's Club members and visitors to enjoy participation in our programs and facilities, including any virtual programs, without fear for their personal safety or abuse. All staff members of e's Club reserve the right to suspend or revoke e's Club privileges of anyone who does not adhere to the below conditions or who otherwise, in the sole discretion of such staff members, act as a detriment to others' enjoyment of e's Club, including any virtual programs offered by e's Club. Participants must:

- Use appropriate language and behavior; there is zero tolerance for bullying of any kind.
- Be free from use and possession, nor be present during the use by others: of alcohol, tobacco products, drugs, weapons, and any items which are considered inappropriate or that contribute to vandalism/graffiti.
- Abstain from intimate displays of affection or sexual activity.
- Refrain from making negative or derogatory comments about others participating in e's Club. All interactions must be polite, courteous, and respectful.
- Follow directions of e's Club volunteers and staff members and act in a safe and responsible manner.
- Verbal comments related to gender, gender identity and expression, age, sexual orientation, disability, physical appearance, body size, race, ethnicity, national origin, or religion are strictly prohibited.
- Clothing that displays offensive, vulgar, or obscene pictures, emblems, or text is prohibited. Failing to adhere to the following policy will result in the member being asked to wear an e's club t-shirt or sent home for the evening.



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Lexington e's Club Disciplinary Policy

If my Applicant's behavior is disruptive or threatening to others, I understand that a parent/guardian will be called and may be asked to pick the Applicant up immediately. During pick up, the incident will be discussed, and disciplinary action will be issued within three business days of the incident.

An e's Club staff member will meet with the parent/guardian, explain the situation, and inform the parent that the consequences of the incident will be discussed within three business days. The Parent/Guardian will sign a document indicating that the incident was thoroughly explained to them and that disciplinary action will be taken.

Lexington e's Club Disciplinary Procedure*

Lexington e's Club staff and personnel reserve the right to enforce consequences for violations of the e's club Code of Conduct.

- 1st Offense – Member will be asked to take a break from member-only e's Club events for 2 weeks.
- 2nd Offense - Member will be asked to take a break from member-only e's Club events for 4 weeks.
- 3rd Offense – Incident will be presented to the board, and further consequences will be discussed which could include an extended break or termination of e's club membership.

*This is only a guideline; disciplinary consequences will be determined on a case-by-case basis by staff member and will include parent input.

I have read the completed application, and I understand the Code of Conduct and Disciplinary Policy for Lexington e's Club. I request that my Applicant be admitted into membership, and I grant permission for my Applicant to participate in current and future programs. I understand that the completion of the intake forms is not an automatic acceptance into e's Club. I have explained the Code of Conduct to my Applicant and agree that Erin's Hope for Friends Kentucky will not be responsible for any accident or injury to them while on the premises of e's Club or while engaged in any of its activities away from e's Club. Furthermore, I understand that my Applicant is an "at will" participant in the e's Club program, and if my Applicant violates the Code of Conduct, Erin's Hope for Friends Kentucky and its directors, officers, employees, agents, and representatives reserve the right to determine consequences on a case-by-case basis, including termination from the program without cause and without penalty to e's Club, Erin's Hope for Friends or its directors, officers, employees, agents, representatives, and affiliates.

Applicant's Signature: _____

Applicant's Printed Name: _____ Date: _____

Guardian/Caregiver Signature: _____

Guardian/Caregiver Printed Name: _____ Date: _____