

HIGH EXPECTATIONS INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Member Name:

Address:

Home Phone:

Date of birth:

Gender: M F

E-mail:

Parent/Guardian:

Cell:

EMERGENCY CONTACT

Name:

Address:

Phone:

Relationship:

NONDISCRIMINATION POLICY

High Expectations Inc. is a non-profit charitable organization open to all people regardless of race, religion, gender, age, ancestry, national origin, disability or income. The below information is optional, will remain confidential and used for the sole purpose of obtaining grants requiring statistical data on our organization's membership. They are not to be used as determinants of eligibility for participation in any High Expectations Inc. program.

Child's Disability _____

OPTIONAL - Select one or more: (Based on minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting.)

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Respondents shall be offered the option of selecting one or more racial designations.

RELEASE AND WAIVER OF LEGAL LIABILITY

I, _____ (please print full name), individually and on behalf of my family and guest(s), hereby release and hold the NJ Hawks/High Expectations Inc., its successors and/or assigns, its directors, officers, volunteers and/or others acting on its behalf harmless from all claims that I/we may have arising from activities that I/we may be involved in with the NJ Hawks/High Expectations Inc. I expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my/our NJ Hawks/High Expectations activities. I hereby release the NJ Hawks/High Expectations Inc. from any claim whatsoever which may arise as a result of first aid, treatment, services or assistance provided to my/us in connection with any injury that arises from activities with the NJ Hawks/High Expectations Inc.. I take full responsibility for my/our welfare and safety in conjunction with NJ Hawks/High Expectations Inc. activities. I hereby give permission for emergency medical treatment to be administered as deemed appropriate. I understand that the NJ Hawks/High Expectations Inc. does not carry insurance to cover injuries and losses that may befall upon me/us.

Having read, understood, and agreed with these terms, I have executed this release to be effective immediately.

SIGNATURE

Signature of Parent:

Date:

For Office Use Only: Membership fee cash ck# _____ SONJ Med Form dated: _____

PERSONAL INFORMATION

School child currently attends, if applicable _____

Please name and explain those factors of greatest concern for your child. (Include any physical limitations, such as seizures, issues regarding noise levels, etc.) _____

Please describe your child's social behavior with adults _____

and with peers _____

Please list any difficulties your child may have with self-help skills _____

Please describe your child's eating habits and list any food restrictions, noting if child can self-determine what foods he/she can or cannot have _____

Please detail any allergies your child has and the kinds of reactions that occur _____

PHOTO RELEASE

Photographs are taken of High Expectations, Inc./NJ Hawks events and activities. When your child is included, we like to send photos and press releases to local newspapers. We also produce other publications throughout the year that include articles and/or photos about our athletes' accomplishments. Please complete the following so we may provide you with the special publicity that your family and your neighbors will enjoy.

NOTE: All athletes are photographed with their team and all team pictures appear on our website(s) with or without athletes' names. If you have any objection to this practice, you must inform the High Expectations, Inc. Secretary, Diane Heitmeyer in a separate letter.

Please check YES for EACH of the choices that you will allow:

I give permission for photos of my child to be used in the following manner:

- YES High Expectations, Inc./NJ Hawks internal newsletters and notices sent to parents via e-mail
- YES High Expectations, Inc./NJ Hawks information distributed to donors, member families, friends, school districts (full name may be used)
- YES Newspaper Articles (full name required)
- YES High Expectations, Inc./NJ Hawks Brochures and/or Displays (no name used)

- YES High Expectations, Inc./NJ Hawks Internet Website(s)

MEMBER DIRECTORY

Do you give permission to High Expectations Inc. to list your family in the Member Directory:

Please check next to your answer: YES or NO

SIGNATURE

Signature of Parent:

Date: