



# THE GAME LOFT

Promoting Positive Youth Development through non-electronic Games and Community Involvement

## MEMBERSHIP ENROLLMENT FORM

Membership Renewal?  YES  NO

<b>YOUTH INFORMATION</b>		Preferred Contact Method: <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> Parents/Guardian	
Name: _____		_____	
<small>(Last)</small>		<small>(First)</small>	
DOB: _____	Age: _____	T-Shirt Size: _____	
<small>(Youth S-L OR Adult S-XXL)</small>			
Address: _____		_____	
<small>(Street)</small>		<small>(City)</small>	
		<small>(Zip Code)</small>	
Phone: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Home	Alt. Phone: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email: _____			
Grade: _____	School Name: _____	<b>OR</b> <input type="checkbox"/> Home Schooled	

<b>PARENT/GUARDIAN INFORMATION</b>		Preferred Contact Method: <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Facebook	
Name: _____		Relationship: _____	
Address: _____		_____	
<small>(Street)</small>		<small>(City)</small>	
		<small>(Zip Code)</small>	
Phone: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Home	Alt. Phone: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email: _____			
Name: _____		Relationship: _____	
Address: _____		_____	
<small>(Street)</small>		<small>(City)</small>	
		<small>(Zip Code)</small>	
Phone: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Home	Alt. Phone: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email: _____			

<b>EMERGENCY CONTACT INFORMATION</b>		<i><b>MUST BE an ADULT &amp; NOT</b> the youth's Parent/Guardian(s).</i>	
Name: _____		Relationship: _____	
Address: _____		_____	
<small>(Street)</small>		<small>(City)</small>	
		<small>(Zip Code)</small>	
Phone: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Home	Alt. Phone: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Work

<b>EMERGENCY MEDICAL INFORMATION</b>	
Does the youth have any chronic medical conditions that we should/need to be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain.
Is the youth taking any medications that we should/need to be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain.
Does the youth have any allergies that we should be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain.

<b>VOLUNTARY REPORTING INFORMATION</b>		<i>The following information is used for funding purposes. Thank you for sharing these answers with us.</i>	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African America <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other:			
Is the above mentioned youth enrolled in Special Education/have an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do they live on a farm? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the youth receive free OR reduced school meals? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are they eligible for MaineCare services? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>PHOTO/IMAGE RELEASE CONSENT</b>		<i>Consent includes additional information on the back side of this form .</i>	
<input type="checkbox"/> <b>YES</b> , I do... <input type="checkbox"/> <b>NO</b> , I do not...	... consent to allow Maine Youth Alliance (dba, The Game Loft) and its contracted partners and assignees to publish and use my likeness, including, but not limited to, my photograph and any digital, visual, audio or written recordings of, about and/or with me, for use in The Game Loft: Newsletters, Website , Social Media, Brochures, Video/film, Press Releases, Established Media Outlets and Other Identified Formats		

<b>PARENT/GUARDIAN CONSENT</b>	
By signing below I, as the parent/guardian of the above youth, give my permission for them to: attend The Game Loft programming and be transported by staff members or approved volunteers in organization vehicle(s) for general programming activities and/or events.	
Parent/Guardian Signature: _____	Date: _____

<b>OFFICE USE ONLY</b>	Youth Attends: <input type="checkbox"/> Young Gamers Program <input type="checkbox"/> Belfast Program <input type="checkbox"/> Mount View Program <input type="checkbox"/> COA Program <input type="checkbox"/> COC Program
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# THE GAME LOFT

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## **AUTHORIZATION FOR USE OF A LIKENESS, INCLUDING: VISUAL, DIGITAL, AUDIO AND WRITTEN RECORDINGS**

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In granting my permission, I understand that I am consenting to allow Maine Youth Alliance (DBA, The Game Loft) to publish and use my likeness, including, but not limited to, my photograph and any digital, visual, audio or written recordings of, about and/or with me, for use in: The Game Loft newsletter, website, social media, brochures, video/film and all established media outlets and also to be made available to Game Loft employees and volunteers, donors, affiliates, partners, designated assignees (specifically the Emanuel and Pauline A Lerner Foundation) and members of the public.

- A. I agree that all reproduction and copyrights associated with the above described information are and shall remain the property of The Game Loft, its successors and/or assigns.
- B. I understand that The Game Loft may receive direct or indirect financial benefits from the uses covered by this authorization.
- C. I agree not to request or accept any payment or other consideration in exchange for signing this authorization and/or for the use of my likeness by The Game Loft.
- D. I further agree to release, indemnify and hold harmless The Game Loft and its assignees for any and all liability associated with the use of my likeness.
- E. This authorization is valid for the duration of the enrollment of the youth in The Game Loft program. I understand that I have the right to revoke this authorization at any time by submitting my revocation in writing to The Game Loft at the address of record.
- F. I understand that my revocation will not apply to images and/or recordings that have already been released through an earlier use of this authorization. I understand the potential that the material and information that I am disclosing by signing this authorization may be subject to re-disclosure by The Game Loft and no longer protected by state and federal confidentiality laws.
- G. I have had an opportunity to review this authorization and understand the content of this authorization. My execution of this authorization is voluntary, and I understand that The Game Loft will not condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. By signing this authorization, I am confirming that it accurately reflects my wishes. I also understand I am entitled to a copy of this authorization.
- H. A photocopy, electronic version and/or facsimile of this authorization is valid as the original.
- I. This release will supersede any previous releases on file.

Thank you!