



The Clubhouse by Ashley Membership Application

Application can be emailed to: TheClubhouse@AshleyTreatment.org pursuant to notice below.¹

The submission of an application for membership in The Clubhouse by Ashley (“The Clubhouse”) is an application and not a guarantee of acceptance into the program. Further, participation in The Clubhouse and its activities are subject to member’s continued compliance with all rules, requirements, and eligibility. Such conditions are explained further in associated documentation and guidelines available to members and their parents/guardians.

Date: _____

ADOLESCENT/MEMBER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Work Phone: _____ Mobile Phone: _____

Date of Birth: _____

Gender: _____

Race:

White

Asian

African American

American Indian/Alaska Native

Hawaiian/Pacific Islander

More than one race

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Name of attending school: _____

Grade: _____

Would you be interested in Ashley Staff helping with school work? Yes No

¹ Note, the use of email is considered unsecured and transmission of protected information via unsecured/unencrypted email presents many risks as described further below.

Continued on next page...

Living arrangements for member:

- Living With Parents/Guardians
- Foster Care/Shelter
- Hotel
- Homeless

Group Home/Residential Substance Abuse Facility

Other: _____

Why are you interested in joining The Clubhouse?

What activities interest you? (select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Educational/Tutoring | <input type="checkbox"/> Healthy Eating/Cooking | <input type="checkbox"/> Improved family interaction |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Money Management | <input type="checkbox"/> Cultural Events/
Plays/Museums |
| <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Music/Art | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> Volunteering in Community | <input type="checkbox"/> Family Night | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Social Activities/Dances | <input type="checkbox"/> Holiday events | <input type="checkbox"/> Relaxing/Place to hang out |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Off-site field trips | <input type="checkbox"/> Games |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Discussion groups on
teen issues | |
| <input type="checkbox"/> Employment Skills | | |

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name: _____

Relation to Member: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Work Phone: _____ Mobile Phone: _____

Parent/Guardian #2 Name: _____

Relation to Member: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Work Phone: _____ Mobile Phone: _____

If parents/guardians are divorced, please provide custodial information:

I give permission for The Clubhouse staff to contact me through phone call (to cell phone or landline provided) and email (through email addresses provided). This communication is for the purposes of relaying Clubhouse schedule and programming information as well as for providing or coordinating for resources.

I understand that the use of email is considered unsecured and transmission of protected information via unsecured/unencrypted email presents many risks. I assume the risks of transmitting information via unsecured means.

EMERGENCY CONTACT INFORMATION

In the event parent/guardian cannot be reached in an emergency, I hereby give permission to the person named as emergency contact to transport and authorize medical treatment of myself.

Emergency Contact Name: _____ Relation to Member: _____

Telephone Number(s): _____

MEMBER MEDICAL HISTORY

1. Have you now or had at any time in the past
 - a. A medical or limiting condition such as wearing glasses, contacts, or hearing aids?
 Yes No
 - b. Special health requirements? Yes No
 - c. Require a small group size/more individualized care? Yes No
 - d. Have any other physical, psychiatric or behavioral problem? Yes No
 - e. If you answered yes to any of the above items, please provide detailed information.

2. Do you take any type of medication, prescription or over-the-counter drug?
 Yes No

3. List all medications you are taking or has taken in the past below.

PLEASE NOTE: THE CENTER STAFF WILL NOT ADMINISTER MEDICATION.

4. Do you have allergies? Yes No

a. If yes, please list all allergies.

b. Do you have allergies that may require medical care? Yes No

c. Does emergency care require medication administration? Yes No

IF YES: I will complete an “Allergy and Medical Emergency Care Plan” and will provide necessary medications and medication administration forms.

THE CLUBHOUSE CODE OF HONOR

1. We will encourage and lift up other members.
2. We will promote tolerance, acceptance, and sensitivity to diverse pathways of recovery and diverse cultures.
3. We will be respectful to staff members of The Clubhouse.
4. We will walk not run in The Clubhouse.
5. We will refrain from the use of profanity.
6. We will be free of any mind-altering chemicals during participation in the program.
7. We will maintain strict confidentiality regarding whom and what we see and hear while participating in The Clubhouse. We will expect the same from others regarding our own confidentiality.
8. We will be on time to meetings and activities.
9. When in public, we will stay with staff unless direct permission was given to do otherwise (e.g., to use the restrooms).
10. When in public, please use kind language and behavior.
11. When in public, we will ensure safety by not participating in horse play.
12. Please let staff know if you need to use the restrooms, we prefer the restroom to be used by one member at a time.
13. We will use appropriate websites on the computers.
14. We will show respect by not taking supplies from The Clubhouse.
15. We will let staff know where we are going if we leave The Clubhouse for safety reasons. (e.g., to use the restroom or when leaving the facility)

** The Rules of Conduct will be clearly posted at the facility and may be subject to review and approval by the Office of Mental Health (OMH)/Core Service Agency (CSA).

MOVIE VIEWING DISCLAIMER

The Clubhouse members will have opportunities to watch movies. The following rating types are what we will show, and your signature provides permission for you to watch these rated films.

- G rated movies
- PG rated movies
- PG-13 movies

_____ **Member Initial**

TRANSPORTATION RELEASE CONSENT FORM

At times it becomes necessary to use Ashley vehicles to transport The Clubhouse member to and from activities or for an emergency. When this occurs, Ashley Inc. requires that the member sign this Transportation Release Consent Form.

By signing this form, I hereby release Ashley Inc., as well as its directors, administrators, employees, or other agents from all liability or damages for any and all injuries, including but not limited to any and all injuries arising from the negligence of any of the above while traveling to any Clubhouse activity via Ashley vehicle transportation.

_____ **Member Initial**

STANDARD WAIVERS AND RELEASE AUTHORIZATION FOR PARTICIPATION

I am a legally competent adult. I understand that even when every reasonable precaution is taken, incidents and accidents may occur. Therefore, in exchange for The Clubhouse allowing me to participate, I voluntarily and intentionally hold harmless and release Ashley, Inc., its employees, directors, officers, agents, volunteers, participants, and guests from any and all liability for loss, damage, injury or death including any claims based on ordinary negligence, action, or inaction, connected to in any way with such participation. I also agree to indemnify Ashley, Inc., for claims made by or for the member or claims arising from any relationship with myself or my estate. I have read this form and agree to participate in all activities provided by The Clubhouse.

_____ **Member Initial**

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If I should become ill or injured during The Clubhouse activities, I understand that The Clubhouse will 1) contact my parent/guardian immediately 2) contact the person(s) I have designated in case my parent/guardian or the person(s) designated cannot be reached. Should The Clubhouse be unable to reach me or the person(s) designated. The Clubhouse, is authorized to contact my physician or arrange for immediate medical treatment to ensure my health and safety, including the administration of medications or injections provided by me for such purpose. I accept responsibility for payment for medical services rendered.

_____ **Member Initial**

INFORMATION AND CONSENT

I am aware that The Clubhouse offers free after-school activities as well as snacks and drinks. The hours of operation are 2:00 pm to 8:00 pm Monday through Friday and Saturday from 9:00 am to 12:00 pm. My signature below indicates I have read all consents and guidelines in order to attend The Clubhouse and participate in all scheduled activities. I am aware that I am responsible for my transportation to and from The Clubhouse.

I acknowledge that once I sign out, The Clubhouse staff is no longer responsible for members or their transportation.

_____ **Member Initial**

How did you learn about The Clubhouse?

Mailer

Social Media

Physician/Therapist

Newspaper

Internet Search

Other _____

Radio

Friends/Family

FINAL CONSENT

I have read, initialed, and understood the information contained in each of the above waivers and/or releases.

Member's Signature: _____ Date: _____

Member's Printed Name: _____



Accident Waiver and Release of Liability Consent for Adult Participants

THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK

(the “Release”) is made as of _____. I am the participant, whose name is provided below, and for and in consideration of being permitted to participate in the Activities offered by Ashley, Inc (“Ashley”), which include, but are not limited to the following, Equine Therapy, Kayaking, High Ropes Course, Art Therapy, Hiking, Gardening, Cooking, Camping, Fishing, Exercise, Animal Care, Woodworking, Sewing and Yoga (the “Activities”), I, the undersigned, acknowledge and certify to Ashley the following:

REPRESENTATION OF HEALTH

I understand and accept the risks inherent with participating in the Activities. I represent and warrant that I am in good health and physical condition. I understand that no one at the Ashley has or will diagnose, examine or otherwise make a determination as to whether or to what extent I should be participating in the Activities or as to the effect or possible effect of any of the Activities on my health. I understand that I should consult with my physician before participating in the Activities. I further understand that Ashley will not verify whether or not I have consulted with a physician and/or whether or not my intended participation in the Activities is appropriate or in my best interests. I understand that it is my sole continuing responsibility to assure that I am medically able to participate in the Activities.

PARTICIPATION IN ACTIVITIES

I shall participate in the Activities only in accordance with all policies and procedures established by Ashley and the Activities event holders, sponsors, and organizers of the Activities, and Ashley retains the right to establish and modify those procedures at its sole discretion from time to time. I understand that it is my sole continual responsibility to participate in only those Activities for which I know the safe and proper use and to participate in the Activities in a safe and proper manner. Any failure to follow procedures established by Ashley and the event holders, sponsors, and organizers of the Activities in an unsafe manner may result in termination of my privilege to participate in the Activities. I agree that I will not participate in any Activities that may cause injury or harm to myself or others.

WAIVER AND RELEASE

I agree that if I allow myself to participate in the Activities for any purpose, I do so at my risk. My assumption of risk includes, without limitation, risks associated with terrain, facilities, temperature, weather, condition of participants, therapy animals, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the Activities. By allowing participation in the Activities, I assume all risk of injury, damage or loss to myself or property that might result, including, without limitation, any loss or theft of any personal property. I understand that Ashley will have no obligation to provide any attendants, supervision, security, or medical assistance during the Activities. I agree on behalf of myself and my successors, personal representatives, heirs, executors, administrators, agents and assignees to forever release and discharge Ashley and any shareholder, officer, director, employee, agent, representative, subsidiary, affiliated company, successor and assigns of Ashley and the Activities event holders, sponsors, and organizers of the Activities, collectively, the “the Released Parties,” from any and all liability, claims, demands, causes of action (known or unknown), losses or damages (collectively, the “Claims”) arising out of, or relating in any way, to my participation in the Activities and the participation in the Activities by any other person or the negligence of the Released Parties. I further agree for myself and my successors, personal representatives, heirs, executors, administrators, agents and assignees to hold the Released Parties harmless from all claims and suits and from all expenses incurred in defending such Claims. I further acknowledge that the Released Parties are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting the Activities on their behalf.

INDEMNIFICATION. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE

the Released Parties from any and all liabilities or claims made as a result of my participation in the Activities.

CONSENT TO MEDICAL TREATMENT

I hereby consent to receiving medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Activities.

ENFORCEMENT

I agree not to challenge this Release as illegal, invalid, or unenforceable in its entirety. This Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

GOVERNING LAW

This Release shall be governed by and construed in accordance with the laws of the State of Maryland, regardless of choice of law principles to the contrary. This Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

CONSULTATION WITH COUNSEL

I hereby acknowledge that I have been provided with an opportunity to consult with legal counsel regarding this Release and have not relied on any representations or statements of the Released Parties with respect to the subject matter of this Release.

I ACKNOWLEDGE AND AGREE THAT I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND THAT I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT ANY CLAIM AGAINST THE RELEASED PARTIES IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITIES. I INTEND THIS RELEASE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS RELEASE IS HELD TO BE INVALID THE REMAINING TERMS SHALL CONTINUE IN FULL FORCE AND EFFECT. I ACKNOWLEDGE THAT THIS RELEASE IS BEING RELIED ON BY ASHLEY IN PERMITTING MYSELF TO PARTICIPATE IN THE ACTIVITIES.

Participant Name:	Witness:
Participant Sign/Date:	Witness Sign/Date: