

# The Clubhouse by Ashley Membership Application

Application can be emailed to: [TheClubhouse@AshleyTreatment.org](mailto:TheClubhouse@AshleyTreatment.org) pursuant to notice below.<sup>1</sup>

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 the school your adolescent is attending: \_\_\_\_\_

Grade: \_\_\_\_\_

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

<sup>1</sup> 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 your adolescent:

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

Group Home/Residential Substance Abuse Facility

Other: \_\_\_\_\_

Why are you interested in having your adolescent join The Clubhouse?

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What activities interest your adolescent? (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/<br>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<br>teen issues |  |
| <input type="checkbox"/> Employment Skills         |  |  |

## PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name: \_\_\_\_\_

Relation to Adolescent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Relation to Adolescent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

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I give permission for Clubhouse staff to contact my adolescent and/or myself 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 I cannot be reached in an emergency, I hereby give permission to the person named as emergency contact to transport and authorize medical treatment of my adolescent.

Emergency Contact Name: \_\_\_\_\_ Relation to Adolescent: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

## ADOLESCENT MEDICAL HISTORY

1. Has your adolescent 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.

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2. Does your adolescent take any type of medication, prescription or over-the-counter drug?  
 Yes  No
3. List all medications your adolescent is taking or has taken in the past below.

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**PLEASE NOTE: THE CENTER STAFF WILL NOT ADMINISTER MEDICATION.**

4. Does your adolescent have allergies?  Yes  No
- a. If yes, please list all allergies.
- 
- b. Does your adolescent have allergies that may require medical care?  Yes  No
- c. Does your adolescent's 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 your adolescent to watch these rated films.

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

\_\_\_\_\_ **Parent/Guardian 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 parents/guardians 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.

\_\_\_\_\_ **Parent/Guardian Initial**

## STANDARD WAIVERS AND RELEASE AUTHORIZATION FOR PARTICIPATION

I am a legally competent adult who is the parent/guardian of the named member. I give my permission for my child to participate in The Clubhouse. I understand that even when every reasonable precaution is taken, incidents and accidents may occur. Therefore, in exchange for The Clubhouse allowing my adolescent 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 indemnify Ashley, Inc., for claims made by or for the member or claims arising from any relationship with the participant or the participant's estate. I have read this form and grant permission for my adolescent to participate in all activities provided by The Clubhouse.

\_\_\_\_\_ **Parent/Guardian Initial**

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my adolescent should become ill or injured during The Clubhouse activities, I understand that The Clubhouse will 1) contact me immediately 2) contact the person(s) I have designated in case I 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 the health and safety of my child, including the administration of medications or injections provided by me for such purpose. I accept responsibility for payment for medical services rendered.

\_\_\_\_\_ **Parent/Guardian Initial**

## PARENTAL/GUARDIAN INFORMATION AND CONSENT

I am aware that my adolescent will visit The Clubhouse-location to be announced. 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. I am also aware that tours of The Clubhouse are available and I can tour The Clubhouse at any time during those hours, with or without the adolescent member. My signature below indicates I have granted permission for my adolescent to attend The Clubhouse and participate in all scheduled activities. I am aware that I am responsible for all of their transportation to and from The Clubhouse. I am aware that I will need to give permission for any off-site activities The Clubhouse offers and may agree to sign a separate permission form for those activities.

I acknowledge that once an adolescent member signs out, The Clubhouse staff is no longer responsible for the adolescent member or their transportation.

\_\_\_\_\_ **Parent/Guardian Initial**

How did you learn about The Clubhouse?

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Mailer    | <input type="checkbox"/> Social Media    | <input type="checkbox"/> Physician/Therapist |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Radio     | <input type="checkbox"/> Friends/Family  |  |

## FINAL CONSENT

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Printed Name: \_\_\_\_\_



# Accident Waiver and Release of Liability Consent for Minors

## **THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

(the “Release”) is made as of \_\_\_\_\_. I am the parent or legal guardian for a minor child, 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 my child is 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 my child should be participating in the Activities or as to the effect or possible effect of any of the Activities on my child’s health. I understand that I should consult with my child’s 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 child’s intended participation in the Activities is appropriate or in his or her best interests. I understand that it is my sole continuing responsibility to assure that my child is medically able to participate in the Activities.

## **PARTICIPATION IN ACTIVITIES**

My child 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 child’s sole continual responsibility to participate in only those Activities for which he or she knows 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 child’s privilege to participate in the Activities. I agree that my child will not participate in any Activities that may cause injury or harm to themselves or others.

## **WAIVER AND RELEASE**

I agree that if I allow my child to participate in the Activities for any purpose, I do so at his or her 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 my child 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 child’s 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, my child, and our 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 child’s participation in the Activities.

## **CONSENT TO MEDICAL TREATMENT**

I hereby consent to my child 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 CHILD'S 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 MY CHILD TO PARTICIPATE IN THE ACTIVITIES.

Participant Name:	
Parent/Guardian:	Witness:
Parent/Guardian Sign/Date:	Witness Sign/Date: