

ASSISTEENS®
AN AUXILIARY OF ASSISTANCE LEAGUE® OF KANSAS CITY

CONSENT REGARDING MEMBERSHIP:

_____, HAS MY PERMISSION TO JOIN THE KANSAS CITY ASSISTANCE LEAGUES' ASSISTEENS® AUXILLARY AND TO PARTICIPATE IN ASISSTEENS® ACTIVITIES.

Mailing Address: _____ Zip: _____

Parent/Guardian Email: _____

Assisteens® Email: _____ Date of Birth _____

Home Phone: _____ Parent Cell : _____ Parent work: _____

Member cell: _____ School _____ Grade: _____

CONSENT REGARDING TRANSPORTATION:

_____, HAS MY PERMISSION TO TRAVEL TO AND FROM

ASSISTEENS® EVENTS DURING THE ____/____ YEAR AS **INITIALED** BELOW:

____ Adult driver over 21. ____ May only drive her/him self.

____ May drive with other members in car. ____ with another Assisteens® Driver.

CONSENT REGARDING MEDICAL TREATMENT:

I understand every effort will be made to contact me as parent/guardian of _____, in case of a medical emergency while attending Assisteens® events. In the event that I cannot be reached, I hereby authorize the adult in charge to obtain emergency medical and or/dental treatment.

Physician: _____ Phone: _____

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Location: _____

Dentist: _____ Phone: _____

Location: _____

Parent/Guardian Contact Emergency Information:

Name: _____ Phone: _____

Address (if different): _____

Work/Cell: _____

We should be aware of any allergies or medical issues regarding your teenager:

By joining, I hereby authorize and allow Assisteens®, an auxiliary of Assistance League® of Kansas City to make use of my name and photo(s) for chapter purposes and for reproduction of said photo(s) or rendering thereof, in the organization's documents, including, but not limited to articles, annual reports, press releases, posters, grant applications, newsletters, and website. I hereby, waive and release all claims for any compensation for such use of pictures.

By signing, I agree to all of the above **CONSENTS** as indicated:

Parent/Guardian/Adult: _____ Date: _____

ASSISTEENS® Member _____ Date: _____

New Member fee \$ 35.00

Renew membership \$ 35.00

T-SHIRT \$15.00

Assistance League® of Kansas City
Assisteens®
6100 N. Chestnut
Gladstone, MO 64119

Any questions contact Assisteens® Coordinator: _____

Phone: _____

ASSISTEENS®

CODE OF CONDUCT

AN AUXILIARY OF THE ASSISTANCE LEAGUE® OF KANSAS CITY

I understand that my attitude and behavior are critical to the success and reputation of ASSISTEENS®. For the good of the organization and my fellow ASSISTEENS®, I agree to abide by to following:

1. I will fulfill my obligations of membership in accordance with ASSISTEENS® bylaws and standing rules.
2. I will try to be sensitive to the needs of each ASSISTEENS® member.
3. I will respect those with whom I come in contact through ASSISTEENS® activities.
4. I understand that if I need to leave an ASSISTEENS® activity before it is over, I will notify the adult in charge.
5. I understand that the use of tobacco, alcohol, drugs or gambling will not be tolerated, and that usage during an ASSISTEENS® activity will result in immediate expulsion from that event and/or from ASSISTEENS® membership.
6. I understand that I am sent home early due to any misconduct or illness, it will be at the expense of my parent/guardian. In case of such a occurrence, the supervising adults will contact my parent/guardian and will, if necessary, make travel arrangements.

ASSISTEENS® Member

Date

I have read the above Code of Conduct for ASSISTEENS®. I understand and agree that my son/daughter will abide by this code as stated.

Parent/Guardian

Date