

Gilda's Club Quad Cities
YOUTH PARTICIPANT FORM

We gather information about every participant to better understand who comes to our program. Personal information will be kept confidential. As a non-profit organization that does not charge for our services, we rely solely on donations to underwrite our program and need the following information to help secure funding. Information provided to funders does not include identifying information. Your answers will, in no way, affect your ability to access all programs at Gilda's Club Quad Cities at no charge. **THANK YOU!**

Date: _____ Participant Number (to be completed by staff) _____

Location: Moline Clubhouse at Trinity Davenport Clubhouse at Genesis Clinton Outreach Muscatine Outreach Other

Youth's Date of Birth: _____

Youth's Last Name: _____ Youth's First Name: _____ Youths Middle Initial: _____

Youth's Preferred Name: _____ Youth's Sex: Male Female

This youth is registering as a: Person Living with Cancer Survivor Support Person Bereaved

Youth's School District: Private School Bettendorf Clinton Davenport East Moline Moline Muscatine
 North Scott Pleasant Valley Rock Island Other

Parent/Guardian's Last Name: _____ Parent/Guardian's First Name: _____

Relationship: Guardian Parent(s)

Address: _____ City: _____ State: _____ Zip: _____

Phone (*circle preferred*): (HM)() _____ (Cell)() _____ (E-Mail) _____

If someone other than the Parent/Guardian is completing this form:

Last Name: _____ First Name: _____

Relationship: Doctor Office Grandparent(s) Family Member Sibling Friend Religious Official School Other

Is the above Parent/Guardian this youth's Emergency Contact: Yes No

If no, please enter the youth's Emergency Contact's Name: _____

Relationship: Doctor Office Family Member Friend Guardian Parent(s) Religious Official Sibling Other

Phone: (HM)() _____ (WK)() _____ (Cell)() _____

Does your youth have any allergies? Yes No

If yes, please be specific about limitations: _____

Does your youth have any behavioral/psychiatric issues that would be helpful for our staff/volunteers to be aware? Yes No

If yes, please provide tips for success: _____

Who in your youth's life has been diagnosed with cancer? Self Parent Sibling Grandparent Friend Other

Have you discussed the cancer diagnosis with your youth? Yes No

Has the cancer diagnosis affected your youth's behavior: At School At Home With Friends With Siblings Other N/A

This information is optional and helps Gilda's Club be eligible for assistance from funders and granting organizations. It will remain confidential.

Race/Ethnicity: White (non-Hispanic) African American (Not Hispanic) White-Hispanic Black-Hispanic
 Asian/Pacific Islander American Indian/Alaska Native/ First Nations

PLEASE READ AND SIGN AGREEMENT ON THE NEXT PAGE.

YOUTH PARTICIPANT AGREEMENT

GILDA'S CLUB QUAD CITIES YOUTH PARTICIPANT AGREEMENT

Please initial each of the three areas before signing the bottom of this form. Concerns should be discussed with a Gilda's Club Quad Cities staff member.

ON PRIVACY:

I have been advised that Gilda's Club Quad Cities will make every attempt to respect my privacy and boundaries. I understand that since Gilda's Club Quad Cities is a community of many people, my confidentiality cannot be guaranteed.

Initial: _____

PARTICIPATION IN WORKSHOPS:

I understand and agree that:

1. Participation in activities at Gilda's Club Quad Cities is entirely voluntary, and is not a required condition of my participation notwithstanding that such activity may utilize the premises or facilities owned by, occupied by, or under the control of Gilda's Club Quad Cities.
2. Cancer Support Community and its network partners, including Gilda's Club Quad Cities (collectively referred to as "Cancer Support Communities"), make no representation as to suitability of any recreational and/or physical activity relative to my physical condition and abilities, or the suitability or adequacy of any premises, facilities, equipment, or instruction used in connection with such activities.
3. I have been advised to consult my physician, or other healthcare professional, before participating in any physical activities and to follow my physician's, or other healthcare professional's advice with respect to such activities.
4. Any activity involves some risk of injury, whether apparent or not, and by participating in any such activity I assume all risks, known or unknown, whether foreseeable or not:
5. In consideration of Gilda's Club Quad Cities' assent to the use of its premises and/or facilities for non-employment related recreational and physical training activities, I release Gilda's Club Quad Cities of any and all liability for any injury or damages resulting from or incurred in connection with my participation in any program except to the extent that such injury or damages are caused by gross negligence on the part of Gilda's Club Quad Cities, and I agree to indemnify and hold Gilda's Club Quad Cities harmless with respect to any claim rising from any intentional or negligent conduct on my part.

Initial: _____

OPTIONAL:

PUBLICITY RELEASE:

I, the undersigned, hereby grant to Gilda's Club Quad Cities the right, license, and privilege to use my name, likeness, photograph, voice and biography in such a manner as Gilda's Club Quad Cities deems appropriate in order to promote, advertise and publicize Gilda's Club and its charitable activities. This applies also to my child(ren) or other minors that may be under my care while at Gilda's Club Quad Cities.

Initial: _____

Parent/Guardian Signature _____ Date _____

To be completed by staff:

First Time Visitor Annual Update

WM Date: _____ Staff Person: _____ Data Input Date: _____