



Membership Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Type of Disability _____

Parent – Guardian – Caregiver Organization Information

Full Name: _____
Last First M.I.

Caregiver Organization _____
(If Applicable)

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____

Participant Release

1. **Able to Participate:** Member applicant is able to take part in functions with SASSY. Member, parent, guardian, caregiver organization understands there is a risk of injury.
2. **Photo Release:** SASSY may use my picture, video, name, voice, and words to promote SASSY.
3. **Overnight Stay:** Some events, may require a hotel or college dorm stay, If Member/parent/guardian, or caregiver organization has a question, the question(s) will be asked prior to participation in event.
4. **Emergency Care:** I/We consent to medical care, if needed in an emergency, except as indicated below (please check one):
 - I/We have a religious or other objection to receiving medical treatment.
 - I/We consent to emergency medical care, but I do not consent to blood transfusions.
5. **Concussions:** I/We understand the risk of concussions and continuing to play with a concussion. I/We understand that Member may have to get medical care if Member has a suspected concussion. I/We understand Member may have to wait 7 days or more and get permission from a doctor (in writing) before Member can start playing sports again.



Member Emergency Contact Information

Name: _____
Last First M.I.

Phone: _____ Relationship _____

Medical Concerns (i.e., seizures, medicines, allergies):

NOTE TO Parents, Guardians, and Caregiver Organizations: All transportation to and from events is the responsibility of parents, guardians, and caregiver organizations with the following exceptions: 1) It is a trip event in which SASSY provides a van or bus. Even in this situation the parents, guardians, and caregiver organizations are responsible for transportation to and from the meeting place location (generally the SASSY Office). 2) The Member uses public transportation.

Because SASSY is a parent/guardian/caregiver organization and youth/dependent support organization, parents/guardians/ and caregiver organizations are responsible for the welfare of their dependent. Therefore, parents, guardians, and caregiver organizations are encouraged to support their youth/dependent by bringing them to and from events and volunteering at events, whenever possible.

There are several volunteer opportunities for parents/guardians and caregiver organizations. Please check your area(s) of interest below. We will contact you at the number and/or email provided above. Review the attached calendar for approximate dates of this year's coming events and activities.

<input type="radio"/> Activity support	<input type="radio"/> Event planning	<input type="radio"/> Membership
<input type="radio"/> Decorations	<input type="radio"/> Fundraising	<input type="radio"/> Photography
<input type="radio"/> Education	<input type="radio"/> Information resources	<input type="radio"/> Other

Disclaimer and Signature

I have read and understand the release above and if I(We) have questions will ask S.A.S.S.Y. I/We certify that above responses to questions are true and complete to the best of my knowledge. Failure to respond accurately may result in membership cancellation. I/We agree to uphold rules and regulations of S.A.S.S.Y. as applicable to safety and participation. Note: Signature of member applicants is required below if member applicant is over 18 years old and signing on his/her own behalf.

Print
Applicant
Name : _____

Applicant
Signature: _____ Date: _____

Parent,
Guardian,
Caregiver
Signature: _____ Date: _____



Membership Dues

Membership dues are due and payable in January of each year. Dues are currently \$45.00 per member. Membership dues are not prorated, therefore, if you start your membership after January, the membership dues is the same price.

THERE IS A \$10.00 PER PERSON ACTIVITY FEE FOR ALL EVENTS*. SASSY is a non-profit 501(c)(3) organization; accordingly, dues and activity fees are needed for support of the organization.

*Annual Banquet tickets are \$50 for non-member participants.

*All other activities are \$10 per person per event.

*At Birthday Parties, celebrants for the quarter do not pay. However, all other members and non-member attendees pay \$10 per person admission.

*Christmas parties are free for members and non-member attendees.

FOR OFFICE USE ONLY			
Paid by	Amount Paid	Date Paid	Received by
Please check payment method (s): <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Card <input type="checkbox"/> Online <input type="checkbox"/> Cashapp <input type="checkbox"/> Zelle			
Treasurer's Signature: 			