



# STRIVE Membership Forms

Please fill out the application completely.

Information must be completed, and all parts returned in order to participate in any STRIVE Sponsored Programs. Please print clearly.

Members Name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you fully vaccinated against COVID-19? (please circle one) YES NO

\*If yes, we will need a copy of your vaccination card. You are welcome to send a copy to STRIVE Program Director, Whitney Wildes, [wwildes@pslstrive.org](mailto:wwildes@pslstrive.org) OR bring a copy to STRIVE during your in-person programming.

Member Guardian Status (please circle one) SELF PARENT OTHER \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent /Guardians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**MEMBER INFORMATION:**

Please complete the following section as thoroughly as possible. This information enables us to plan a safe and successful experience for the member.

Disabilities: (please check any that apply and add any additional under "other")

- ADD\_\_           Autism\_\_           Diabetes\_\_           PDD\_\_
- ADHD\_\_        Bi Polar\_\_           Dual Diagnosis\_\_    Quadriplegic\_\_
- Asthma\_\_       Blind\_\_             Down Syndrome\_\_    Scoliosis\_\_
- Apraxia\_\_     Brain Injury\_\_     Intellectual Disability\_\_   Seizure Disorder\_\_
- Arthritis\_\_    Cerebral Palsy\_\_   OCD\_\_                Spina Bifida\_\_
- Asperger's\_\_   Deaf\_\_             Paraplegic\_\_

OTHER: \_\_\_\_\_

Please circle all that apply:

- |                 |     |                      |     |                     |     |
|-----------------|-----|----------------------|-----|---------------------|-----|
| Uses Wheelchair | Y N | Has Seizures         | Y N | Has Catheter        | Y N |
| Uses Walker     | Y N | Takes Medication     | Y N | Loose Stool         | Y N |
| Wears Braces    | Y N | Wears Collection Bag | Y N | Wears Helmet        | Y N |
| Uses Crutches   | Y N | Incontinence         | Y N | Has Shunt           | Y N |
| Has Allergies   | Y N | Has Special Diet     | Y N | Chair Repositioning | Y N |

Please describe in detail what assistance is needed in the areas noted above:

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Communication: How does the member communicate? Please note any special signs or gestures if applicable?

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**FOOD ALLERGIES:** If the student has food allergies, please give us more information

FOOD	Reaction	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Behavioral Concerns:**

Please describe any behavioral issues:

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Does the student exhibit aggressive/confrontational behavior (i.e. bullying, antagonizing, name calling, etc.)? If so, please explain:

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Any hospitalizations due to non-medical reasons? Y N If so, please explain:

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**PHOTO RELEASE**

I **DO** \_\_\_\_\_ consent to and authorize the use and reproduction by PSL Services / STRIVE of any and all photographs and any other audio/visual materials taken of participant for promotional materials, educational activities, exhibitions or for any use for the benefit of the program.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Participant if over 18, or legal guardian

\_\_\_\_\_  
Print name of participant/legal guardian



I would like to receive the STRIVE monthly newsletter: Y N

Please contact me about how I may help: Y N

I am interested in Fundraising (STRIVE Rocks, Annual Auction, etc.): Y N

**Transportation Alert:**

(Alerts us to people you **DO NOT** want to pick up the student) As a parent or legal guardian, **I DO NOT** authorize my students to be released/picked up by the following persons.

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Participant if over 18, or legal guardian

\_\_\_\_\_  
Print name of participant/legal guardian

