

Registration Type

- New Member
- Renewal

Student Registration

Annual Membership Fees:

- \$25 - Warren Resident
- \$45 - Non-Resident

Please carefully read and fill out all pages of this form.

<p>Student:</p> <p>_____</p> <p>(First Name)</p> <p>_____</p> <p>(Last Name)</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Date of Birth: _____</p> <p>Grade: _____ Gender: _____</p> <p>School: _____</p> <p>Address: _____</p> <p style="text-align: center;">(Street Address)</p> <p>_____</p> <p style="text-align: center;">(City) (State) (Zip)</p>	<p>Parent (Primary Contact/Guardian):</p> <p>_____</p> <p>(First Name)</p> <p>_____</p> <p>(Last Name)</p> <p>Phone: _____</p> <p>Alt Phone: _____</p> <p>Email: _____</p> <p>Relationship to Student: _____</p>
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<p>Secondary/Emergency Contact</p> <p>_____</p> <p>(First Name)</p> <p>Phone: _____</p> <p>Relationship to Student: _____</p>	<p>(in case primary is not available)</p> <p>_____</p> <p>(Last Name)</p> <p>Email : _____</p>
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Persons authorized to pickup my child:

Persons NOT authorized to pickup my child:

Notes:

Please provide medical, behavioral, academic or family information that we may need.

Student Union Rules

The following are prohibited from the Raymond E. Santmyers Student Union & Activity Center facility and areas surrounding the facility: **SMOKING, CONSUMPTION OR POSSESSION OF ALCOHOL/DRUGS, ABUSIVE, LOUD OR ROWDY BEHAVIOR, ABUSE TO STAFF, FACILITIES OR EQUIPMENT, FIGHTING OR ROUGH PLAY, HARASSMENT OF ANY KIND, AND ANY ACTS PROHIBITED BY LAW OR LOCAL ORDINANCE.**

Violation of any of these or any statute or ordinance of the Town of Front Royal, County of Warren or the State of Virginia may result in being asked to immediately vacate the premises, thereby forfeiting any entrance/activity fee for that day or event. Failure to abide by these regulations may include expulsion, parent involvement or police involvement.

The actions of each member of the Student Union are representative of Warren County and its youth. Each member should take pride in his or her role and respect our community.

Membership Agreement:

I agree as a member of the Student Union, to respect all staff, guests and visitors. I understand and agree that members have an obligation to others and to the Union to **attend to safety** by looking out for others both physically and emotionally. I agree to **be respectful and responsible** and will take responsibility for the care and maintenance of the building and the equipment within. I agree to **speak the truth** and be honest in terms of perception, feedback and opinions.

I understand the Student Union's zero tolerance policy with respect to: drugs, alcohol, tobacco, weapons, and unreasonable behavior towards members, staff, and guests including but not limited to sexual harassment or misconduct, abuse of internet access, destruction or theft of personal or Student Union property, discrimination towards others based on age, gender, religion, race, color, sexual orientation, disability, group or association. **I agree to abide by this policy.**

By signing this agreement, I understand and agree that my membership is a privilege based on acceptable behavior and that a violation of this agreement, as well as policies and procedures set forth in the Student Union policies and procedures manual, will result in disciplinary action, including, at the sole discretion of the staff, loss of membership privileges. I further understand that in all cases regarding illegal drugs, alcohol, weapons or violent behavior, the local Police Department will be notified and both the victim and offender's guardians shall be notified by the Police Department.

I have read and understand the expectations outlined on this form. I understand that by signing this document I am entitled to the privileges that go with membership. Failure to meet the above mentioned expectations could result in forfeiture of membership.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Waiver and Release of Liability and Authorization for Minors

IMPORTANT - READ COMPLETELY BEFORE SIGNING!

Please read this form carefully and be aware that by participating in this program you will be waiving and releasing claims for injuries you or your child might sustain arising out of any activities at the Raymond E. Santmyers Student Union and Activity Center.

By signing up and participating in the above identified programs, activities and trips that may occur, you will be expressly assuming the legal liability and waiving and releasing all claims for injuries, damages or losses of any kind which you or your minor child/ward might sustain as a result of participating in all activities associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages, losses or causes of action whatsoever I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in all these programs/activities against the County of Warren or Student Union, including their officials, agents, volunteers and employees.

By signing this form, I am certifying that I qualify for the rate charged and that my child is eligible for membership. I agree that my child's Student Union privileges may be suspended or revoked if either is determined to be untrue.

I have read and fully understand the above and understand the warnings or risks and waive and release all claims so set forth above.

Parent Signature: _____ Date: _____



Photo Release / Media Consent Form

Student's Name: _____

I grant permission - I hereby authorize Reaching Out Now (RON) hereafter referred to as "Company," to publish photographs taken of myself and/or the minor child or children listed above and our names and likenesses for use in the Company's print, online, social media and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless the Company from any reasonable expectation of privacy or confidentiality for me and for the minor child or children listed above associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed above and that I have full authority to consent and authorize the Company to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, nor the minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications.

I hereby release the Company, its contractors, its employees, and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed above.

I do NOT grant permission — I do not authorize the Company to photograph, video record, or use the name or likeness of myself and/or the minor child(ren) listed above in any Company marketing materials, publications, or media.

Parent/Guardian Signature: _____ Date: _____

Cell Phone Policy

It is the Organization's hope for the Student Union to be a place of social and engaging interactions for all students who attend. For this reason, once students sign in to the Center, phones will be set to SILENT (no vibrations or flashing lights) and put away in a secure locker at the registration desk.

Students will always have access to their phones if a phone call needs to be made to home, or they may use a business phone which will be located at the registration desk or Executive Director's office. Parents may call the main phone number to ask questions or to connect with their child if needed.

Violations of this policy may result in disciplinary action.

By signing, I acknowledge I have read and understand the Cell Phone policy.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parental Illness Agreement

The Student Union will notify parents when their child becomes ill, and arrangements shall be made for the child to be picked up as soon as possible. The center must be notified within 24 hours if a child or a member of the immediate household contracts a contagious illness. Life-threatening diseases must be reported immediately.

I authorize RON to obtain medical care if any emergency occurs when I cannot be immediately located.

The complete Illness Policy can be found in the Student Union Handbook.

By signing, I acknowledge I have read and understand the Illness Policy.

Parent/Guardian Signature: _____ Date: _____