



BEYOND LIMITS



2008 Membership Application

Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Telephone Number: _____ Grade in School: _____

Email Address: _____

Parent Name: _____

Address: _____

Why do you want to join Beyond Limits? What do you expect to get out of the program?

What special talent/interest do you have? _____

Beyond Limits members meet once a month. All members are expected to attend all meetings in order to participate in Beyond Limits activities.

Member Signature

Date

Parent Signature

Date



BEYOND LIMITS



Insurance Form (2008)

PARENT CONSENT AND AUTHORIZATION TO TREAT A MINOR

MINOR'S NAME _____

BIRTHDATE _____ BLOOD TYPE _____

ALLERGIES TO DRUGS OR FOOD _____

DOES MINOR HAVE ANY VISION OR HEARING PROBLEMS _____

DOES MINOR WEAR CONTACT LENSES OR GLASSES _____

PARENTS NAME _____

ADDRESS _____

TELEPHONE WHERE PARENTS CAN BE REACHED _____

THIS CONSENT FORM ALLOWS BEYOND LIMITS ADULT VOLUNTEERS TO ACT ON BEHALF OF _____ IN CASE OF A MEDICAL EMERGENCY OR ANY OTHER SITUATION THAT WOULD REQUIRE PARENTAL CONSENT.

PARENT SIGNATURE

DATE

MINOR SIGNATURE

DATE

All members are required to pay a \$12.00 non-refundable fee for insurance. The insurance will cover all Beyond Limits activities for the year of 2008.