

## MEMBERSHIP ENROLLMENT FORM

Name : \_\_\_\_\_  
( please print first and last name )

Birth Date : \_\_\_\_\_  
( mm / dd / yyyy )

Preferred Name: \_\_\_\_\_

Pronouns \_\_\_\_\_

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

Phone Number : \_\_\_\_\_

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

Emergency Contact : \_\_\_\_\_  
( Must be legal Parent or Guardian )

Phone Number : \_\_\_\_\_

Relationship to member : \_\_\_\_\_

School : \_\_\_\_\_

Allergies \_\_\_\_\_

Vaccine Status:  Vaccinated  Not Vaccinated

### PHOTO CONSENT

By checking the box for approval. You grant OUTLoud North Bay permission to use the photographs taken within the space from events and workshops for any legal use, including but not limited to : publicity, copyright purposes, Illustration, advertising and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use. Our goal is to protect the privacy of all members and guests who utilize our safe space.

**Agreement** : I certify that the information provided above is accurate. I understand that any member under the age of 10 must be accompanied by an adult. Our safe space is inclusive to all youth in our community ages 6- 19 years of age. OUTLoud North Bay has been designed to provide mental health and well being supports through peer to peer workshops and events. We also collaborate with a number of organizations in our community where referrals can be made if the need arises. We have a **ZERO TOLERANCE POLICY of any and all forms of bullying, harassment and discrimination.** Drug and Alcohol use within or around the space is prohibited.

**Failure to respect volunteers, attendees, and/or space will result in immediate termination of membership and access to the space.** All information collected regarding our members, families and volunteers is strictly confidential.

By signing this, you acknowledge to comply with the membership enrollment/renewal requirements and OUTLoud North Bay's policies and procedures or any changes as they may occur.

Adult / Parent / Guardian : \_\_\_\_\_  
( please print first and last name )

Signature : \_\_\_\_\_

Member's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

### FOR OFFICE USE

Monthly Membership \$22.60  Annual Membership \$271.20  Sponsored Membership

Has member been added to HELLO CLUB  Yes  No  Added card information for Pre authorized payments

Authorizing Signature: \_\_\_\_\_ Date : \_\_\_\_\_