



Sidetracks Board Game Club, LLC
205 5th Street
Ellwood City, PA 16117
sidetracksbgc@gmail.com

Parent Release Form

Member(s) name(s): _____

Medical Treatment:

I give permission to Sidetracks Board Game Club (SIDETRACKS) to seek medical treatment for my minor child/ren if I cannot be reached. I will be responsible for any/all costs of the medical attention and treatment.

Data Collection:

I give permission to SIDETRACKS to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses without a separate written request for permission. The aggregated results of these analyses may be shared with staff and other community stakeholders to provide evidence of program effectiveness and/or club impact on our members.

Facility Hours:

SIDETRACKS reserves the right to make changes in operating hours and days. All fees are non-refundable and non-transferrable.

Photographs:

I DO DO NOT give permission for my child/ren's picture, video, or any other graphic depiction or likeness, to be used by SIDETRACKS and shared with media outlets. This includes television, print, social media, websites, etc. for educational, advertising or publicity purposes. I fully understand that I will receive no remuneration as a result of any use of my Club member's photo or video.

Miscellaneous:

I understand that SIDETRACKS is not responsible for any lost or stolen items.

Pennsylvania State Law mandates that workers in certain professions must make reports if they have reasonable cause to suspect child abuse or neglect. These people are called Mandated Reporters and they are a critical link in the system to protect Pennsylvania's most vulnerable citizens. All SIDETRACKS staff and volunteers are Mandated Reporters. I understand the Club is not, nor does it claim to be, a licensed day care center.

I have read this form and understand the rules of SIDETRACKS. I request that my child/ren be admitted into membership, and I understand that membership can be revoked by SIDETRACKS at any time based on violation of the SIDETRACKS code of conduct.

Legal Guardian Name

E-mail

Phone Number

Legal Guardian Signature

Date