



**CIRCLE OF FRIENDS APPLICATION**

Thank you for your interest in joining the **MEADOWS chapter of Circle of Friends – The Path to Inclusion (CoF)**. This application should be completed by any student who is interested in entering into a circle of friendship. Please complete the information below, get a parent signature, and return this form to the Circle of Friends' Advisor.

Name	Grade	Sex	Date of Birth
Address (Please include street, city, state, and zip)	Phone Number		
	Email Address		
<p>In case of emergency, please give the name and phone of the person who should be contacted:            Name:            Relationship:            Phone Number:</p>			
<p>Do you have any allergies that we should be aware of?            If yes, please list.</p>			

I (name) \_\_\_\_\_ want to be matched in a friendship with a student in CoF and will do my best to become true friends. I agree to see my Friend for lunch on campus every week. I also agree to attend chapter meetings and activities.

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

Thank you for applying!

**PARENTAL CONSENT**

Circle of Friends is an Inclusion Program based on creating friendships between students with and without special needs.

\*\*\*\*\*

- I give permission for my child \_\_\_\_\_ to participate in Circle of Friends.
- I understand that my child will be matched with new friends, and will attend group activities during and possibly after school.
- I give permission for my child to be photographed and/or filmed at any Circle of Friends activity and I understand that any photograph or videotape may be used for promotion by the Circle of Friends organization.
- I give permission for social skills and related information about my child to be shared with students/supervising adults while being trained by the program advisor.

In consideration of the benefits and opportunities afforded to my child through participation in Circle of Friends, the undersigned parent/guardian agrees to the following:

1. I release Circle of Friends from any liability for any accident, injury, or illness suffered by my child at, during, or in connection with any Circle of Friends activity, except for any accident, injury, or illness which results from intentional misconduct by Circle of Friends or its staff.
2. We will look solely to our insurance for coverage and compensation for any claims, injuries, or damages that may be suffered or caused by my child arising out of or in connection with Circle of Friends activities.
3. I authorize Circle of Friends to obtain medical treatment for my child in the event of injury or illness in connection with a Circle of Friends activity and agree to pay any expense incurred for treatment.

Parent/Guardian Name (Please Print):	Signature of Parent/Guardian:	Date:
Student Name (Please Print):	Signature of Student:	Date: