



CHAGRIN VALLEY CERT
Application For Membership
Team Email: cvreact4995@gmail.com
Team Website: www.chagrinvalleyreact.org

PERSONAL INFORMATION

FULL NAME: _____ SEX: M F
ADDRESS: _____
CITY / STATE / ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: _____ PAGER / CELL: _____
EMAIL ADDRESS: _____ DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____ NAME OF AUTO INSURANCE: _____
DRIVERS LICENSE NUMBER: _____ EXPIRATION: _____ STATE: _____

EMERGENCY CONTACT / MEDICAL INFORMATION

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY: _____
DAYTIME PHONE: _____ EVENING PHONE: _____
LIST ANY PHYSICAL DISABILITIES, HANDICAPS OR CONDITIONS (TEMPORARY OR PERMANENT)
THAT YOU ARE CURRENTLY OR HAVE BEEN UNDER A PHYSICIANS CARE FOR: _____

LIST ANY ALLERGIES: _____
LIST ANY MEDICATIONS CURRENTLY ON: _____

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LEGAL RELEASE

I, THE UNDERSIGNED APPLICANT, UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS AND/OR DETAILS CONCERNING THE INFORMATION IN THIS APPLICATION WILL BE CAUSE FOR THE REJECTION OF THIS APPLICATION OR THE DISMISSAL FROM CHAGRIN VALLEY CERT. I AUTHORIZE THE INVESTIGATION OF ALL FACTS AND/OR DETAILS CONCERNING THE INFORMATION PROVIDED, INCLUDING A CRIMINAL RECORD CHECK WITH A JURISDICTING LAW ENFORCEMENT/CRIMINAL JUSTICE AGENCY IF DEEMED NECESSARY. I HEREBY RELEASE CHAGRIN VALLEY CERT, ITS OFFICERS, MEMBERS AND ANY LAW ENFORCEMENT/CRIMINAL JUSTICE AGENCY INVOLVED FROM ANY AND ALL LIABILITIES CONCERNING THIS INVESTIGATION.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT / LEGAL GUARDIAN: _____ DATE: _____
(ONLY IF UNDER THE AGE OF 18)

PARENTAL RELEASE (IF UNDER THE AGE OF 18)

I, HEARBY AM ALLOWING MY SON/DAUGHTER TO PARTICIPATE IN THE ACTIVITIES ASSOCIATED WITH CHAGRIN VALLEY CERT. I UNDERSTAND THE RISKS INVOLVED WHILE MY SON/DAUGHTER IS DIRECTING TRAFFIC, STORM SPOTTING, PERFORMING SEARCH AND RESCUE DRILLS, AND/OR OTHER EVENTS THE TEAM PARTICIPATES IN. WE CAN ASSURE YOU THAT PRECAUTIONS AND EVERY EFFORT IS MADE TO MAKE THIS TEAM'S MISSION AS SAFE AS IT CAN BE.

SIGNATURE OF PARENTS / LEGAL GUARDIAN: _____ DATE: _____