



**UNSTOPPABLE**

**Teen Program Enrollment & Consent Form**

*For Teens Ages 13–20*

Please complete this form and return it to SBRN.

**Email (scan and send):** [info@thesbrn.org](mailto:info@thesbrn.org)

**Mail:**

Spina Bifida Resource Network (SBRN)

84 Park Ave, Suite G106

Flemington, NJ 08822

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**Participant Information**

**Teen First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Gender (optional):** \_\_\_\_\_

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

**City / State / ZIP:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

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**Medical & Health Information**

**Primary Diagnosis / Disability:** \_\_\_\_\_

**Mobility / Assistive Devices Used (wheelchair, walker, etc.):**

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**Allergies / Medical Conditions:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Emergency Contact (if different from parent/guardian):**

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**Emergency Phone:** \_\_\_\_\_

**Physician Name / Phone:** \_\_\_\_\_

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**Transportation Information**

How will the participant arrive and depart from the program?

- Parent/Guardian Drop-off & Pick-up
- Independent Arrival/Departure (with parent/guardian permission)
- Other: \_\_\_\_\_

Authorized person(s) permitted to pick up participant (if different from parent/guardian):

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

Relationship: \_\_\_\_\_

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

Participants must remain on site during program hours unless accompanied by a parent/guardian or authorized adult.

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**Program Participation Consent**

I, the parent/guardian of the above-named teen, give permission for my teen to participate in the **SBRN Unstoppable Teen Program**. I understand the program is designed for teens with **Spina Bifida and similar disabilities** and may include activities involving social interaction and physical participation.

I understand that program staff will provide reasonable adult supervision, and I will notify staff of any health concerns, mobility limitations, or special needs that may affect my teen's participation.

**Yes, my teen has permission to participate.**

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### **Emergency Medical Authorization**

In the event of an emergency and if a parent/guardian cannot be reached, I authorize **Spina Bifida Resource Network (SBRN) staff and program partners** to obtain emergency medical treatment for my teen if necessary.

I understand that every effort will be made to contact me immediately in the event of a medical emergency.

**Yes, I authorize emergency medical treatment if needed.**

Parent/Guardian Initials: \_\_\_\_\_

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### **Media & Photo Consent**

I give permission for **SBRN** to photograph or record my teen during program activities for educational, promotional, or fundraising purposes (print, social media, website).

Yes, I consent

No, I do not consent

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### **Teen Behavior Agreement**

To help create a safe, respectful, and inclusive environment for all participants, teens enrolled in the **Unstoppable Teen Program** are expected to:

- Treat peers, staff, and volunteers with respect
- Follow program rules and staff instructions
- Participate safely and responsibly in activities
- Help maintain a supportive and judgment-free environment

SBRN reserves the right to contact parents/guardians if behavior concerns arise that impact the safety or experience of others.

I have reviewed these expectations with my teen.

Parent/Guardian Initials: \_\_\_\_\_

Teen Initials (if able): \_\_\_\_\_

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### **Liability Waiver**

I understand that my teen's participation in the **Unstoppable Teen Program** may involve physical activity and interaction with peers. While SBRN staff will take reasonable precautions to ensure a safe environment, I acknowledge that participation carries some inherent risks.

I release and hold harmless the **Spina Bifida Resource Network**, its staff, volunteers, board members, partners, and program venue from any liability, claims, or causes of action for injury, accident, or illness arising from my teen's participation in this program.

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**Parent/Guardian Name (Printed):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Teen Name (Printed):** \_\_\_\_\_

**Teen Signature (if able):** \_\_\_\_\_