eXtreme
YOUTH PROGRAMS
A service of SHARE Foundation

PHOTO USE RELEASE FORM

I hereby grant and authorize eXtreme Youth Programs and SHARE Foundation the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of my child by eXtreme Youth Programs and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known and hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of eXtreme Youth Programs and will not be returned.

I hereby hold harmless, and release eXtreme Youth Programs and SHARE Foundation from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate. If the person signing is under the age of consent, then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____ and do hereby give my consent without reservation to the foregoing on behalf of this individual.

_____ _____

Signature of Parent or Guardian Date

LIABILITY CONSENT

I understand there is a possibility of risk or injury which my child may sustain while participating in activities during scheduled eXtreme Youth Programs activities. I also understand that all precautions will be taken to ensure the safety and security of my child at all times during these activities.

I hereby release and agree to hold harmless eXtreme Youth Programs and SHARE Foundation and any of their volunteers, advisors, chaperones or persons connected with the eXtreme program from any liability, claims, damages for personal injury, property loss/damage which may result during the course of the year.

_____ _____

Signature of Parent or Guardian Date

Are there any medications or special needs that the adult sponsor needs to be aware?

_____

Please make checks payable to eXtreme Youth Programs.

A mission. A plan. Solutions. eXtreme Youth Programs focuses the energy and creativity of young people who work together to create real solutions to build a safe and drug-free community. Parents, adults, and community members offer support and guidance to serious members of eXtreme aimed at making a difference.

Club (please circle):

BJHS PC
EHS Norphlet
JC SHS
Strong- Huttig
Westside

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Sponsor Use Only:

Paid Cash/Ck#_____
Date _____
Initials _____

Early Registration only $15
Ends July 31st

2026-2027 REGISTRATION FORM

Annual Dues are $20 which covers your membership for one year and a T-shirt.

YOUTH INFORMATION

Name _____ Prefer to be called _____

Address _____ City _____ ZIP _____

Date of Birth ____/____/_____ Grade (please circle): 7 8 9 10 11 12

Cell number: _____ E-mail: _____

Preferred shirt size (please circle): YXL AS AM AL AXL A2XL A3XL A4XL

Initial that you accept each of the following statements:

	I pledge to live a life without violence, drugs, alcohol, tobacco, or vaping regardless of peer pressure. I would like to go to school and learn without being interrupted by the problems of drugs and alcohol.
	I pledge to learn about the effects of drugs and tell my peers the truth about the harmful effects.
	I pledge to educate others.
	I pledge to stay in school and learn.

Circle all that interest you. If you don't see something here, please write it in.

Singing	**Drama**	Member Recruitment	Suicide Prevention	5th Quarter After fball games	**Red Ribbon Week**	Volunteering School/Community	**Ice Breakers**
Dance	Tutoring						
Reading to younger students	TALENT SHOW	**SmartMoves** Eldo/Smackover/ PC only	Samantha Skunk Costume	*Announcements & Flyers/Poster Design*	Social Media: Instagram/FB/TikTok	Drug-Free Activities	Ready Set Record

Other ideas:

PARENT/GUARDIAN INFORMATION – I would like to volunteer and/or be informed of events & activities. Yes No

Name _____

Address _____ City _____ ZIP _____

Cell number: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION (in case the above parent/guardian cannot be reached)

Name _____ Cell number: _____

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