



COF Buddy Application 2026/27

Last Name	First Name	Date of Birth	Monday ☐
School & Grade (on 08/2026) or Adult Program	Uniform Size	Adult: S M L XL XXL Child: S M L	Wednesday ☐
Home Address	Contact Number	Home : () Cell : ()	
Diagnosis	Parent's E-mail		

Mother/Guardian's Name: Cell : ()

Father/Guardian's Name: Cell : ()

Emergency Contact Information: (person who does not live with you)

Name: Relation to student:

Phone #: () Cell #: ()

Address:

Liability Waiver: I (Parent/Guardian in the case of a dependent) acknowledge that Circle of Friends in Love (herein after referred to as COF) will use and display photographs and videos of the above named person at COF related events in publications, multimedia productions, displays, advertisements and Internet Publications. The undersigned assumes all risks and hazards incidental to the participation in this sports program, including transportation to and from such activities, and does hereby release and waive any and all claims or actions for damage or injury of whatever kind against COF, its volunteers and/or participants, or Good Stewards Church, arising from any activities or actions of this program. I further grant permission for emergency first aid to be given to me (or this minor/adult) and to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and its staff to provide any treatment that the physician deems necessary for my well being (or that of this minor/adult).

Parent/Guardian

Must be signed and kept on COF file. I have read and agree with the above statements.

Parent/Guardian Signature: Date:

Buddy Yearly Membership Fee: \$700Make check payable to: **Circle of Friends** or pay by Venmo (QR code below)**Due Date: This Application Form and Fee are be due by 9/16/26**(If you are unable to turn in this form in person, email it to Ross Gable at rtgale@gmail.com)

Contact us if you need an invoice for your SDP, FMS or Regional Center

**venmo**