ASSISTEENS
NEW MEMBER INFORMATION FORM

Member Volunteer Information

Name: _____
Last First

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____ Name of High School: _____ Grad Year: 20____

Parent/Guardian Name(s): _____

Assisteens Member Mobile Phone: _____ Parent/Guardian Mobile Phone: _____

Assisteens Member Email Address: _____

Parent/Guardian Email Address: _____

Partner/Spouse Name: _____ Birthday (Month/Day/Year) _____

Why do you want to join Assisteens? _____

_____

_____

Allergies/Additional Medical Information/ Other: _____

_____

_____

ALLB Logo Shirts: ALLB logo shirts are to be worn at meetings and program activities. One shirt is required and your first shirt and name badge are included in the orientation fee. Check the size below. (Additional shirts may be purchased for $30 each)

☐ XS ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ Other:

Photo Release Permission of Minor

____ (Initial) I hereby give Assistance League of Long Beach permission to publish in print, electronic, or visual format, the likeness or image of _____ (child's name). I waive any rights of compensation or copyright of ownership thereto.

Parent/ Guardian Name (Print) _____

Signature: _____ **Date:** _____

Please return this form to Assistance League of Long Beach at:
Assistance League of Long Beach
c/o Assisteens Coordinator
6220 E. Spring Street, Long Beach, CA 90815
or email to Assisteens@ALLB.org

For office use only:
☐ eTapestry
☐ Dues paid
☐ Background Check
☐ HUB

PARENT/GUARDIAN PERMISSION FOR MINOR CHILD TO PARTICIPATE IN ASSISTANCE LEAGUE/ASSISTEENS® AUXILIARY ACTIVITIES

I, (print name) _____ hereby grant permission for my child, _____ to participate as a member of Assisteens Auxiliary, under the supervision of the Assisteens Coordinator and/or any other adult in charge.

I further agree to assume responsibility for any liability that may arise out of ordinary negligence or otherwise, except for acts of gross negligence or intentional, willful, or wanton misconduct.

Consent Regarding Transportation

_____ has my permission to travel to and from Assisteens Auxiliary activities and events during the 2025-2026 fiscal year (check all that apply):

☐ may only drive her/himself ☐ with any adult driver over 21

☐ with an Assisteens member who is a licensed driver* ☐ may drive with an Assisteens member in the car.*

*During the first 12 months after a minor is licensed, he/she cannot transport passengers under age 20 unless they are accompanied by a parent or guardian or a licensed driver 25 years of age or older.

Consent for Emergency Medical/Dental Treatment

I warrant that the aforementioned child is in good health and possesses the requisite skills and/or abilities to participate in said Assistance League/Assisteens Auxiliary activity or function. I understand every effort will be made to contact me in case of a medical and/or dental emergency while participating in an Assistance League/Assisteens Auxiliary activity or function. If I cannot be reached, I hereby authorize the adult in charge of the activity or event to obtain emergency medical and/or dental treatment for my child.

Physician _____ Phone _____

Dentist _____ Phone _____

Allergies/Additional Medical Information _____

Parent/Guardian Contact Information

Name _____

Address _____ City _____

Parent Cell Phone #1 _____ Parent Cell Phone #2 _____

Additional person to contact in case of an emergency:

Name _____

Relation_____ phn#1_____ phn#2 _____

Parent/guardian signature_____ Date _____

Assisteens® New Member Information Form
(CC payment info will be shredded following payment record)

Dues and Fees

New Member Dues and Orientation Fees: $95
Annual Dues $55 + Orientation Fees (includes one shirt and name tag) $40 = $95

Financial Obligation Fees: $45
(Annual tax-deductible fees, which may be paid by separate check or credit card transaction if you so desire)
Federal Tax ID #95-1660324

The total payment of $140 is due with the submission of your child's New Member information form and the signed parent permission form

Method of Payment

☐ Check (Please make **check payable** to **Assistance League of Long Beach** and include the name of the Assisteens member on the check's memo line.)

Check Number: _____ Amount: $_____

☐ Credit Card (Please complete information below.)

OR- You may make a CC payment by phone at 562.627.5650

VISA/MasterCard/American Express (Please circle credit card.)

Account Number: _____

Expiration Date: _____

Amount: $_____

Signature: _____

Print Name: _____

Mailing Address

Please return your completed New Member Information Packet
with signed permission forms and $140 payment to:

Assisteens Coordinator
Assisteens® Auxiliary of Assistance League® of Long Beach
6220 E. Spring Street, Long Beach, CA 90815
or email to **Assisteens@ALLB.org**