



Chronic Warrior Society Membership Rules & Regs

Do's:

**Have FUN!!* That's what this is all about - or mostly, anyway!

**Sprinkle Kindness Around Like Confetti* - every chance you get!

Provide support for each other when able.* **OK - this is a tricky one!! Providing support means stuff like being nice, sending best wishes, commiserating if needed, and that kind of thing. But - we can only really be responsible for ourselves, you know? So - if any of you feel

you need extra support, please reach out to your House Leader. We'll gladly see how we can help.

**What happens in the Spoonie Society, Stays in the Spoonie Society!!* You've gotta keep ALL personal information shared in the group PRIVATE. Capiche?!

**Connect with others in the group on social media if you want* - but only if ok with both of you!

Don'ts:

**Don't share ANY PERSONAL information from other members outside of parties/hang-outs* - we know you're not planning to do this, but, hey, it's gotta be said!

**As much as we all love having more friends, Parties and Hang-Outs are JUST for Chronic Warrior Society Members!* Know someone that wants to join in? Refer them! Seriously - the more the merrier!

**Gossiping?? Not in this group!!*

**Bullying?! Oh NO!! Won't be tolerated here EVER!*

**Please sign below to acknowledge you have read and understand the Rules & Regulations.

**You may opt out of the CWS/CWC and/or any activity at any time.

*** If you are under 18, your parent or guardian must sign as well.

Name _____

Address _____

Email Address: _____

Date of Birth: _____

Diagnosis/Diagnoses: _____

Social Media Names:

Facebook _____

Twitter _____

Instagram _____

You Tube _____

Other _____

How did you hear about us? _____

Please provide 2 personal references (i.e. Medical Professional, Teacher, Counselor, Current Society Member, etc...):

1. _____
(Name/Phone number or Email address)

2. _____
(Name/Phone number or Email address)

I, _____ (Warrior), and/or

_____ (*parent of participating Warrior, if under age 18*) give my consent for participation in the *Chronic Warrior Society & Chronic Warrior Collective* programs, including virtual events, social media groups, card swaps, photos, and other activities and agree with the Rules & Regs listed above. I acknowledge that virtual programs may be recorded and, in some cases, shared. The Chronic Warrior Society will not share this information for any purpose other than use within the *Chronic Warrior Society* or the *Chronic Warrior Collective*. I understand that my child may opt out of any activity at any time. I acknowledge that I have read and that I understand the *Chronic Warrior Society* Privacy Policy and the Terms & Conditions.

_____ (*Warrior*)

_____ (*Warrior Parent*)

(Warrior Parent email address)

(Date)