Mission Statement

Busy Buddies Foundation will positively impact the lives of children through activities that foster self-discipline, focus and healthy living habits, while nurturing a positive self-image. Busy Buddies Foundation 278 Columbia Street Wakefield, RI 02879



BUSY BUDDIES FOUNDATION Helping Kids Shine

278 Columbia Street Wakefield, Ri 02879 401.789.5900 busybuddiesfoundation.org 501(c) 3 non-profit organization

We help kids to shine by providing the financial support to do the activities they love.



IELPING KIDS SHIN

Our Board

Rachel Clough, President Veronica Munroe Wright, Vice President Jessica Gurnon, Secretary Kate Macinanti, Treasurer Tim Arbige, Board Member Tory Kavanagh, Board Member

> Student Members Natalie Kimmerlien

Liability/Consent Form

My minor child(ren) is/are attending activities sponsored by Busy Buddies Foundation, and I fully recognize that there is inherent risk in this type of activity and the use of associated equipment.

In recognition of the inherent risk of this activity I confirm that my minor child(ren) is/are physically and mentally capable of participation in the activity and/or using the equipment. I am willingly and voluntarily allowing my minor child(ren) to participate and I assume all responsibility for personal injury and accidents, including death, and any expenses as a result thereof.

I hereby waive any and all claims, which I or my heirs, executors, successors or assigns may have against Busy Buddies Foundation for any and all personal injuries, accidents, illnesses or death. I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance, or in its absence, agree to pay all costs of medical services as may be incurred on my child's behalf.

I have read and understand the foregoing acknowledgment of risk and assumption of risk and responsibility and understand that I have waived all claims against Busy Buddies Foundation.

Date

Signature_____

Nomination Form

Please tell us about the child you are nominating, include, 1. Their name 2. The activity they wish to participate in 3. How and why they will benefit 4. Financial or other hardship...please feel free to attach further explanation or any other information you feel is important

Nomination Form Cont.

Parent Name
Phone Number
Address
Email
Monthly household income
#of people in home
Ages of people in home
Childs Name
DOB
Activity
Funds Requested
Equipment Requested

Contact for Organization
(Name)
Phone#
Due Date
Applying on Behalf of Child:
Your name
Phone #
Relationship to child

*Consent/Liability form must be filled out and attached to nomination form to be considered for scholarships **BBF may contact other organizations on your behalf to seek co-operative funding Please mail to 278 Columbia St. Wakefield, RI 02879