

Membership form 2015 (Page 2)

Parent/Guardian Information

(In case of an emergency parent/guardian is contacted first)

Name Address Home Phone Daytime Phone

Employer Address Hours and Days at Work

Name Address Home Phone Daytime Phone

Employer Address Hours and Days at Work

Parent(s)/Guardian(s) email address: _____

Emergency Information

(Information other than a parent/guardian in case they cannot be reached first -Must be filled out -)

First Name Last Name Middle

Phone Number Relationship to Member

Address (City, State & Zip Code)

First Name Last Name Middle

Phone Number Relationship to Member

Address (City, State & Zip Code)

I give permission for my child's picture/video to be taken and published? YES _____ NO _____

Is anyone specifically denied permission to see or pick up the child?

Does child(ren) (name which one) have any unusual eating habits, food dislikes or **allergies**?

My signature indicates that I have read, understood and agreed with the Membership Policies of the Youth Center Inc. I understand that all members participate in all programs at their own risk. I agree to hold the Youth Center Inc. harmless from all claims related thereto.

Member Signature

Date

Parent/Guardian Signature (if child under 18)

Date