



## Membership Form 2018

Full Year Membership: \_\_\_\_\_ Individual (\$50) \_\_\_\_\_ Family (\$75.) \_\_\_\_\_ Number in Family

### **A. Youth Member Information:**

\_\_\_\_\_ Age \_\_\_\_\_  
First Name Last Name Middle

\_\_\_\_\_ Grade \_\_\_\_\_  
Phone Number Email Date of Birth

Address (City, State & Zip Code)

Please list any special information or interest you may have:

\_\_\_\_\_  
\_\_\_\_\_

### **B.**

\_\_\_\_\_ Middle \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_ Grade \_\_\_\_\_  
Phone Number Email Date of Birth

Please list any special information or interest you may have:

\_\_\_\_\_  
\_\_\_\_\_

### **C.**

\_\_\_\_\_ Middle \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_ Grade \_\_\_\_\_  
Phone Number Email Date of Birth

Please list any special information or interest you may have:

\_\_\_\_\_  
\_\_\_\_\_

### **D.**

\_\_\_\_\_ Middle \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_ Grade \_\_\_\_\_  
Phone Number Email Date of Birth

Please list any special information or interest you may have

\_\_\_\_\_  
\_\_\_\_\_

## Membership form 2017-18 (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