

Date Paid: \_\_\_\_\_ Staff Initial: \_\_\_\_\_ Circle one: Check OR Cash (Annual Youth Membership: \$15)  
 Please consider my child as a scholarship candidate. *Housing Authority residents must complete through PHA Office & membership fee will be waived.*

## 2022-2023 MEMBERSHIP/ EMERGENCY CONTACT/ PARENTAL CONSENT FORM

CHILD'S NAME	BIRTH DATE:	2022-'23 GRADE:	<input type="checkbox"/> MALE
<input type="checkbox"/> FEMALE			
ADDRESS:			
PARENT/GUARDIAN #1 NAME:		PHONE:	
ADDRESS:			
EMAIL ADDRESS TO BE ADDED TO OUR E-NEWSLETTER SYSTEM FOR IMPORTANT UPDATES & ANNOUNCEMENTS:			
PARENT/GUARDIAN #2 NAME:		PHONE:	
ADDRESS:			
<p>List individuals as Emergency Contacts &amp; Alternate Pick-Up persons below. For safety, we will not release your child to anyone not listed, unless you call us in advance. For additional space, write on back. <u>Photo ID will be required at pick-up.</u> If phone numbers change, it is your responsibility to inform Staff.</p>			
EMERGENCY CONTACT/ALTERNATE PICK UP #1:		PHONE:	
EMERGENCY CONTACT/ALTERNATE PICK UP #2:		PHONE:	
EMERGENCY CONTACT/ALTERNATE PICK UP #3:		PHONE:	
NAME OF PRIMARY CARE PHYSICIAN:		PHONE:	
ADDRESS:			
SPECIAL NEEDS (IF ANY)		ALLERGIES, INCLUDING MEDICATION REACTION	
HEALTH INSURANCE COVERAGE:		POLICY NUMBER:	

**FLIP OVER.**   
**SIGNATURES REQUIRED.**

**GENERAL PERMISSIONS: By initialing below, I indicate my permission for the preferences listed.**

Parent/Guardian must INITIAL EACH to signify yes or no.	YES	NO		
				I understand that my child will participate in a variety of dynamic programs throughout the FYC experience. I give my permission for them to participate in any and all activities the FYC staff and/or their affiliates plan and implement.
				I give permission to post my child's allergies in staff binders and pantry. I understand staff cannot administer <u>any</u> medication.
				In the event of minor injury, I authorize FYC staff to administer basic First Aid to my child. If serious medical attention is required, I give Firth Youth Center permission to call EMS/EMT and/or transport my child to the nearest emergency room for care. I understand the FYC Policy is to contact a parent/guardian by phone of an injury to my child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention. It is my responsibility to update FYC of any phone number changes.
				I understand that the FYC will not hold or dispense any medication for my child. If my child takes daily medication, they should do so before coming or after leaving. If my child can self-administer, they are permitted to do so, but I understand the FYC Staff cannot aid in this process. In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention, I hereby authorize the FYC to escort my child to the nearest hospital: St. Luke's Warren. I agree to meet the staff at the hospital as soon as possible. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
				I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan and Statement of understanding for the FYC. I understand that persons listed as "Emergency Contacts" will be designated custodians for release of my child and will be required to present photo identification upon pick-up.
				I give FYC staff permission to walk with my child around the local neighborhood, including to the Phillipsburg School District and Park. If my child attends PES or PMS, I allow them to walk to FYC after school without supervision and sign themselves into care.
				I understand "Drop-In" members can sign themselves in and out of the FYC and do not need staff permission to leave.
				I give permission for my child to walk home any time during Child Care, even before it ends.
				I give permission for my child to walk home, but <b>only</b> with verbal parent permission via phone with a Counselor that day.
				I give permission for the FYC Administration and/or its affiliates to use my child's photograph or video in marketing and publicity pieces, including, but not limited to, news releases, social media, publications, shared images, virtual platforms, and on the website in an effort to encourage awareness of the FYC. Counselors and Volunteers are strictly prohibited from taking photos and/or videos.
			I understand the FYC requires sportsmanship by all members, coaches, players, parents, and fans. There will be no tolerance for negative statements or actions between guests, including taunting, baiting, berating opponents, "Trash-Talking," or actions which ridicule or cause embarrassment. Any verbal, written or physical conduct related to race, gender, ethnicity, disability, sexual orientation or religion shall not be tolerated and may result in ejection from the FYC.	
			I understand that I must adhere to FYC COVID-19 Policies and Procedures. Copies of the Policy are at the FYC. This includes self-screening my child prior to attending programs. Should my child be denied access to the FYC due to symptoms and/or screening, I understand it is my responsibility to follow the next steps on the COVID-19 Policy, which may include obtaining a negative test result and/or a doctor's note prior to resuming programs. I understand that should anyone in my family come in contact with someone who is believed to have COVID-19 or any other contagious virus, I am to notify the FYC Executive Director immediately at 908-454-7281.	

**WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

**Joseph Firth Youth Center ("FYC")**

By signing below, I willingly agree to comply with the policies, terms and rules put in place by the Joseph H. Firth Youth Center and allow my child to participate in all programs afforded to him/her as a member. I, as parent/guardian with legal responsibility for the participant, release and agree to indemnify and hold harmless the Joseph Firth Youth Center, employees, officers, officials, and/or other participants from any and all liability incidents to my minor child's involvement or participation in programs, even if arising from the negligence of the releasees, to the fullest extent permitted by law. Additionally, I understand that photographs and/or videos may be taken of my child and used for promotional and marketing of Firth Youth Center programs. I have the right to refuse photographs and/or video to be taken and will attach a letter to this membership with such instructions.

Upon signing this Agreement and forever thereafter, I (as a legal parent/guardian of the youth Member) agree that if my child(ren) or myself engage in any activity or are present on the premises, I do so at my own risk and assume the risk of any and all injury, illness, and/or damage I or my child(ren) might sustain. My assumption of risk includes, but is not limited to, use of any equipment and participation in activities on premises. By signing, I agree to assume the risk of myself or my child(ren) participating in any activity, class, program, instruction, or sponsored event. I agree that myself or my child(ren) are voluntarily participating in any activities and assume all risk, known and unknown, associated with using the facilities, equipment and premises including, without limitation, any loss or theft of any personal property. I agree on behalf of myself and my child(ren) to forever release and discharge FYC Directors, employees, agents, representatives, affiliates, successors, and assigns from any and all claims or causes of action (known or unknown) arising out of the negligence of FYC, whether active or passive, or that of any of its affiliates, employees, agents, representatives, successors, and assigns. This waiver and release of liability includes, without limitation, any injuries or illness which may occur. By executing this Agreement, I hereby agree to indemnify and hold harmless FYC from any loss, liability, damage, or cost FYC may incur due to my or my children's presence at the facility. I further agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by law of the state in which this agreement is entered into, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release is not intended as an attempted release of claims of gross negligence or intentional acts.

\_\_\_\_\_  
Parent/Guardian **PRINT** Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date