

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.*

2024-2025 MEMBERSHIP/ EMERGENCY CONTACT/ PARENTAL CONSENT FORM

CHILD'S NAME	BIRTH DATE:	2024-'25 GRADE:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Multiracial	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
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ADDRESS:	SCHOOL DISTRICT: <input type="checkbox"/> PHILLIPSBURG <input type="checkbox"/> LOPATCONG <input type="checkbox"/> ALPHA <input type="checkbox"/> STEWARTSVILLE/GREENWICH <input type="checkbox"/> POHATCONG <input type="checkbox"/> OTHER: _____
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PARENT/GUARDIAN #1 NAME:	PHONE:
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ADDRESS:

EMAIL ADDRESS TO BE ADDED TO OUR E-NEWSLETTER SYSTEM FOR IMPORTANT UPDATES & ANNOUNCEMENTS:

PARENT/GUARDIAN #2 NAME:	PHONE:
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ADDRESS (if different from above):

List individuals as Emergency Contacts & Alternate Pick-Up persons below. We will not release your child to anyone not listed, unless you call us in advance. Photo ID will be required at pick-up. If phone numbers change, it is your responsibility to inform Office Staff.

EMERGENCY CONTACT/ALTERNATE PICK UP #1:	PHONE:
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EMERGENCY CONTACT/ALTERNATE PICK UP #2:	PHONE:
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EMERGENCY CONTACT/ALTERNATE PICK UP #3:	PHONE:
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NAME OF PRIMARY CARE PHYSICIAN:	PHONE:
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ALLERGIES, INCLUDING MEDICATION REACTION:

SPECIAL NEEDS OR ACCOMODATIONS REQUESTED (IF POSSIBLE AND/OR APPLICABLE):

HEALTH INSURANCE COVERAGE:	POLICY NUMBER:
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FLIP OVER.
SIGNATURES REQUIRED. 

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

	YES	NO	
Parent/Guardian must INITIAL EACH to signify yes or 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 collaborating partners plan and implement.
			I give permission to post my child's allergies in staff binders and staff area. I understand staff cannot administer any medication.
			In the event of minor injury, I authorize FYC to administer basic First Aid to my child. If serious medical attention is required, I give FYC permission to call EMS/EMT and/or have EMS 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 greater than them, 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 medical attention.
			I acknowledge that I have received, reviewed and understand the information on the FYC Emergency Operations Plan and Statement of Understanding. 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 Phillipsburg Schools and Walters Park. If my child attends PPS, PES, or PMS, I allow them to walk to FYC after school without supervision and sign themselves into care.
			I understand "Drop-In" Members, including Playground Program participants, can sign themselves in and out of FYC programs and do not need staff or parent/guardian permission to leave.
			After School Care/Camp: I give permission for my child to walk home any time, even before the scheduled end time.
			After School Care/Camp: I give permission for my child to walk home, but only with parent permission via phone with a Counselor.
			High School youth are required to provide a school-issued photo ID with their Membership Form. If they don't have a School-issued ID, then another Photo ID accompanied by proof of enrollment is acceptable. I understand my child must comply with this policy.
			I understand that if my child turns 18 within this program year, they must complete a new Membership Form with their information as a legal adult. I understand they may not be permitted to participate in programs until they request and complete a new Form.
			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 programs. 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.
			The FYC has a Terms of Use and Privacy Policy on their website at www.firtheyouthcenter.com . I understand these are in effect at all times and for all matters related therein. Printed copies of these policies are available upon written request to the Exec. Director.
		I understand that I must adhere to all FYC Policies and Procedures. Copies of Policies are at the FYC. This includes communicable diseases. Should my child be denied access to the FYC due to symptoms/screening, I understand it is my responsibility to follow the next steps of applicable Policies, which may include obtaining a doctor's note prior to resuming programs. Should anyone in my family come in contact with someone who is believed to have a contagious virus, I will notify the Director 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 FYC 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 FYC, officers, employees, 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 FYC 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 and disclosure of myself or my child(ren)'s personal information. 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. I understand membership at the FYC includes my consent to use my or my child(ren)'s personal, information as set forth in the FYC Privacy Policy found at www.firtheyouthcenter.com or a hardcopy at the FYC Office located at 108 Fleming Drive, Phillipsburg, NJ 08865. 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.

PRINT Parent/Guardian Name _____

Parent/Legal Guardian Signature _____

Date _____