

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.*

2019-2020 MEMBERSHIP/ EMERGENCY CONTACT/ PARENTAL CONSENT FORM

CHILD'S NAME	BIRTH DATE:	GRADE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ADDRESS:

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:

Please fill individuals as Emergency Contacts and Alternate Pick-Ups below. For safety, we will not release your child to anyone not on this list, unless you call us in advance. If you need additional space, write on back. Photo ID will be required upon pick-up. If phone numbers change, it is your responsibility to inform our Office immediately.

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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ADDRESS:

SPECIAL NEEDS (IF ANY)	ALLERGIES, INCLUDING MEDICATION REACTION
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HEALTH INSURANCE COVERAGE:	POLICY NUMBER (REQUIRED):
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GENERAL PERMISSIONS: By **initialing** below, I indicate my permission for the preferences listed:

YES	NO	
		Use my child's photograph in marketing and publicity pieces. Publicity pieces include but are not limited to news releases, social media, publications and web use. This is a way to help encourage awareness of the programs offered by the Firth Youth Center.
		Permission to post my child's allergies in staff binders and pantry. I understand staff cannot administer medication.
		In the event of minor injury, I authorize Firth Youth Center 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 give Firth Youth Center staff permission to walk with my child around our local neighborhood.
		I give Firth Youth Center staff permission to walk my child to the Elementary School for Before School Care.
		I understand "Drop-In" members can sign themselves in and out of the Firth Youth Center and do not need staff permission to leave.
		I give permission for my child to walk home any time during After School Care, even before it ends.
		I give permission for my child to walk home, but only with verbal parent permission via phone with a Counselor that day.

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 H. 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.

 Parent/Legal Guardian Signature _____
Date