

# Adults Membership Form 2011-2012

**Confidentiality:** Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>	<b>Gender:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Family Income:</b>	<b>Address:</b>	<b>Family Size:</b>
<input type="checkbox"/> \$12,950 or less	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> \$12,951 to \$14,799	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$14,800 to \$16,649	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$16,650 to \$18,449	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$18,450 to \$19,949	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$19,950 to \$21,449	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$21,450 to \$22,899	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$22,900 to \$24,599	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$24,600 to \$27,699	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$27,700 to \$30,749	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$30,750 to \$33,249	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$33,250 to \$35,699	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$35,700 to \$38,149	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$38,150 to \$39,399	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$39,400 to \$44,299	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$44,300 to \$49,199	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$49,200 to \$53,149	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$53,150 to \$57,099	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$57,100 to \$61,049	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$61,050 to \$64,949	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> \$64,950 or more	<input style="width: 100%;" type="text"/>	

<b>Home Phone Number:</b>	<b>Work Phone Number:</b> <i>(not required)</i>
(    )    - <input style="width: 100%;" type="text"/>	(    )    - <input style="width: 100%;" type="text"/>

<b>Birth Date:</b>	<b>E-mail:</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

<b>Ethnicity:</b>	<b>Social Security Number:</b> <i>(required for all participants)</i>
Hispanic <input type="checkbox"/> YES <input type="checkbox"/> NO	<input style="width: 100%;" type="text"/>

<b>Race:</b> <i>(check all that apply)</i>	<b>Check all that Apply:</b>
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> General Assistance <input type="checkbox"/> Can Swim
<input type="checkbox"/> Asian	<input type="checkbox"/> Disability Assistance <input type="checkbox"/> Public Housing
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Free School Lunch <input type="checkbox"/> SSI
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> White/Caucasian	
<input type="checkbox"/> Other	

**Member Medical Information** *( Please Print )*

<b>Insurance Company:</b>	<b>Medications/Medical Problems:</b>	<b>Physician:</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Insurance Policy Number:</b>		<b>Hospital:</b>
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

**Please check mark the following:**

I give permission/consent for **photographic releases** as they pertain to the Copeland Valley Youth Centers.

**Disclaimer**, I assume all risks and hazards incidental to participation (including transportation) and release the Copeland Valley Youth Centers staffs, administrations, Board of Directors, and its volunteers from any claims arising from an injury. I give permission/consent for evaluation participation and information to be attained on my behalf. I authorize the Copeland Valley Youth Centers to address the medical needs in the case of a medical emergency.

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**Member's Signature**

\_\_\_\_\_  
**Date**