

Youth 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.

Parent Information (Please Print)

First Name:
Middle Name:
Last Name:
Gender: Male Female

Family Income:

- \$12,950 or less
- \$12,951 to \$14,799
- \$14,800 to \$16,649
- \$16,650 to \$18,449
- \$18,450 to \$19,949
- \$19,950 to \$21,449
- \$21,450 to \$22,899
- \$22,900 to \$24,599
- \$24,600 to \$27,699
- \$27,700 to \$30,749
- \$30,750 to \$33,249
- \$33,250 to \$35,699
- \$35,700 to \$38,149
- \$38,150 to \$39,399
- \$39,400 to \$44,299
- \$44,300 to \$49,199
- \$49,200 to \$53,149
- \$53,150 to \$57,099
- \$57,100 to \$61,049
- \$61,050 to \$64,949
- \$64,950 or more

Social Security Number:
(required for all participants)

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Family Size:

Address:

(City) (State) (Zip Code)

Home Phone Number:

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Work Phone Number: (not required)

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Child Information (Please Print)

First Name:
Middle Name:
Last Name:

Birth Date: / /
Social Security Number: (required for all participants)
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School:
Grade:
Gender: Male Female

Race: (check all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White/Caucasian
- Other

Ethnicity:

Hispanic YES NO

Check all that Apply:

- General Assistance
- Disability Assistance
- SSI
- Public Housing
- Can Swim
- Free School Lunch

Member Medical Information (Please Print)

Insurance Company:
Medications/Medical Problems:
Physician:

Insurance Policy Number:
Hospital:

Please check mark the following:

I give permission/consent for **photographic releases** as they pertain to the Copeland Valley Youth Centers and my child(dren).

Disclaimer. I give permission to my child(dren) to participate in all programs and activities sponsored by or related to the Copeland Valley Youth Centers. 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 to my child(dren). I authorize the release of information from school records, police records, and medical records about my child(dren) knowing the information will only be used to showcase the quality of service and will be kept confidential. I give permission/consent for evaluation participation and information to be attained on behalf of my child(dren). I authorize the Copeland Valley Youth Centers to address the medical needs of my child(dren) in the case of a medical emergency involving my child(dren).

Parent or Guardian Signature

Child Signature

Date