



REGISTRATION FORM

Member's Information

NORTHCOTT NEIGHBORHOOD HOUSE

First Name		Last Name	
Address & Apt #		City	Zip
Birthdate		MPS ID# (If applicable)	
School Attending		Current Grade	
GENDER (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender LANGUAGE (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other			
ETHNICITY (check one) <input type="checkbox"/> American <input type="checkbox"/> Indian/Alaska Native Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____			
MEMBER LIVES WITH (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian Foster Care <input type="checkbox"/> Group Home Other _____			
ANNUAL HOUSEHOLD INCOME (check one) <input type="checkbox"/> Less than \$9,999 <input type="checkbox"/> \$10,000-14,999 <input type="checkbox"/> \$15,000-22,999 <input type="checkbox"/> \$23,000-33,999 <input type="checkbox"/> \$34,000-49,999 <input type="checkbox"/> \$50,000-74,999 <input type="checkbox"/> \$75,000 or more			
PARENT/GUARDIAN CONTACT INFORMATION			
First Name		Last Name	
Cell Phone	Another Phone	Work Phone	
Email			
<p>I understand that it is my responsibility to monitor my child's participation in Sports Academy Inc activities based on any physical or medical limitations that my child has that would inhibit his/her participation. I understand that Sports Academy Inc operates under an open door policy; therefore, it is my responsibility to monitor and provide transportation for my child to and from the Club. In the event of injury or should emergency care be required, I authorize Club staff to arrange for emergency medical attention for my child, only if I can't be reached immediately. I understand that my child may receive non-invasive physical exams and/or other types of assessments as a benefit of his or her membership. I give permission for my child to participate in surveys, discussion groups or other activities that help determine the success of Sports Academy Inc programs. I authorize Sports Academy Inc to obtain or share data related to my child for the purpose of program assessment. I authorize release of information from school about my child so the Sports Academy Inc can best serve its members. I grant permission for photographs, audiotapes and records of my child to be used by the Sports Academy Inc and its agents for public relations and/or program evaluation purposes on behalf of the Sports Academy Inc. Sports Academy Inc has permission to receive and share information (for use of identifying program and opportunity needs) with agencies serving our members such as: Health Department, other Health Agencies and Community.</p>			
Parent Signature _____ Print Name _____ Date _____			