

Tomorrow's Cultivating Youth Inc
A 501(c)3 Non-Profit Organization
Annual Membership - \$50.00 (non-refundable)

2020 YOUTH MEMBERSHIP FORM

YOUTH MEMBER INFORMATION

[Please type or print legibly.]

Last Name: _____ First Name: _____

Gender: Female Male Age: ____ Date of Birth: _____ School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Youth Cell: () _____

Youth's Email: _____

Grade: 5th

Grades: 6 - 8

Grades: 9-12

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Parent Cell: () _____

Parent's Email: _____

Adult Volunteer **Other Assistance** _____

TRANSPORTATION SECTION

[Pick-up/Drop Off Services provided within a 10 mile radius-Separate permission form required]

Yes No Responsible party(ies) allowed to pick-up/drop off youth: _____

As the parent/guardian, you are acknowledging you will have a responsible adult present at the home to bring your child to the van and pick up your child from the van. No child will be released to any minors under the age of 16.

[Note: Please complete the attached Transportation Release Form.]

FOR OFFICE USE ONLY

5th grade 6th-8th grade 9th-12th grades \$50 Registration Fee Paid

Photography Release Form received Code of Conduct Received Medical Waiver Release General Transportation Form

Received by _____ Date _____ Total Amount Paid \$ _____

(Please print name)