



# MEMBERSHIP APPLICATION

## MY Club

Mountain Area Youth Organization

FOR CLUB USE ONLY

Processed by: \_\_\_\_\_

Entry date: \_\_\_\_\_

Site confirmation: \_\_\_\_\_

Club site: (please circle) OAKHURST - NORTH FORK - SPRING VALLEY - RIVERGOLD - COARSEGOLD - WASUMA

### MEMBERSHIP APPLICATION

Member Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Address \_\_\_\_\_ Public Housing Unit # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Primary Teacher \_\_\_\_\_ H.S Grad Year \_\_\_\_\_

### HEALTH & MEDICAL INFORMATION

Doctor/Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Medical Exam \_\_\_\_\_

Permission for Treatment by Doctor/Hospital  YES  NO | Insurance:  YES  NO | Medicaid:  YES  NO EXP \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Carrier Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Are there any special needs of health issues we should be aware of?  YES  NO If yes, explain \_\_\_\_\_

Are there any medication we need to be aware of?  YES  NO If yes, explain \_\_\_\_\_

Please specify any allergies or medical conditions here \_\_\_\_\_

### PARENTAL CONTACTS

Fathers Name \_\_\_\_\_ Father's Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Mother's Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

Siblings: # of Brothers \_\_\_\_\_ # of Sisters \_\_\_\_\_

### EMERGENCY CONTACT (Pick-Up Approved)

Name #1 \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name #2 \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name #3 \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name #4 \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**DEMOGRAPHICS: Check Boxes That Apply**

**\*\* The following information is necessary for our records and for the funding that our organization receives. The answers you provide are completely confidential.**

<p><b><u>Member Lives With</u></b></p> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Home <input type="checkbox"/> Other _____ <input type="checkbox"/> Member of Household Age 65+	<p><b><u>Income Level</u></b></p> <input type="checkbox"/> Extremely Low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Non-Low <input type="checkbox"/> Moderate <input type="checkbox"/> Estimated Family Income. \$ _____ Number of people in the Home # _____	<p><b><u>Qualified Services</u></b></p> <input type="checkbox"/> Reduced Fee/Free Lunch <input type="checkbox"/> Welfare <input type="checkbox"/> Food Stamps <input type="checkbox"/> CalWorks <input type="checkbox"/> Other _____	<p><b><u>Ethnicity</u></b></p> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other
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**PLEASE CIRCLE THE DAYS AND TIMES YOUR STUDENT WILL BE ATTENDING THE AFTERSCHOOL PROGRAM**

CIRCLE ALL THAT APPLY

**DAYS:            MONDAY        TUESDAY        WEDNESDAY        THURSDAY        FRIDAY**

**Times:        After School- 3:30pm        After School- 4:30pm        After School – 5:30pm        After School- 6:00pm**

**MEMBER / CHILD APPROVAL & RESPONSIBILITY**

I want to become a member of MY CLUB. I will be responsible for taking care of my property. I will be responsible for taking care of MY Club's property. I will follow MY Club rules as a respectful Club member to staff, volunteers, and my peers. I will follow the rules and be considerate of others so the Club can be enjoyable for everyone. If I do not follow the rules, my membership will be terminated early and my parent/guardian will be notified.

Member Signature \_\_\_\_\_

**PARENT / GUARDIAN APPROVAL & RESPONSIBILITY (Initial each after reading)**

- CLUB MEMBERSHIP:** I approve of my child's membership to participate in the MY Club Program. This includes programs in the following core areas: Character & Leadership, The Arts, Sports & Recreation, Education and STEM based activities. I understand that these activities are conducted by staff and volunteers and/or agents within the MY Club owned/leased facilities/property including off-site locations. I understand that it is my responsibility to make arrangements for my child (or ward) to be picked up at closing time at the end of each day. I understand that there are consequences if my child is not picked up and it can include membership termination. I understand MY Club is not responsible for personal lost or stolen property. I will notify MY Club leadership of any changes in my address and telephone numbers listed on this application.
- LIABILITY:** I am fully aware of the risks and hazards connected with the participation in some activities/programs. I HEARBY VOLUNTARILY PERMIT MY CHILD (or WARD) TO PARTICIPATE IN CLUB ACTIVITIES/PROGRAMS. I UNDERSTAND AND HOLD HARMLESS MY CLUB ; MOUNTAIN ARE YOUTH ORGANIZATION IN THE EVENT OF RISKS, LOSS, DAMAGE, OR PERSONAL INJURY TO MY CHILD.
- MEDICAL TREATMENT RELEASE:** In case of an accident or sudden illness to my child (or ward), and I cannot be reached, I give my consent for my children to be given emergency treatment by a physician or hospital. It is the policy in the case of an accident, illness or any other emergency affecting any child during activities/programs to make every reasonable attempt to notify the parent or guardian promptly. No child may participate without completion of this release for medical treatment.
- PHOTO/VIDEO RELEASE:** I consent to have my child included in photographs or video in which my child may appear, can be used for educational and publicity purposes when done responsibly and without coercion. This includes group photographs/video or individual activity photographs/video displayed at the Club, local newspaper, social media, club marketing, and/or publications. All photographs are the Club's property or will be given to parents/guardians or be destroyed. I agree that no compensation is paid for photographs or videos.
- INTERNET POLICY RELEASE:** I give my consent for my child (or ward) to participate in the computer-learning center and to have regular internet access and privileges, including computer safety programs.
- I/We certify that this information is complete and accurate.** I/we agree to provide, upon request, documentation on all income sources to verify the accuracy of this certification/membership.

**Parent Name (Print)** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

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

