

2018-  
2019



New Member    Renewing Member

Location  
\_\_\_\_\_

Please print clearly and use **X** to select choice when possible.

**General Information**

First Name

Last Name

Mid.  
Initial

Street Address

City

State

Zip

Birth Date

Age

T-Shirt Size

Child: S M L

Adult: S M L XL

Phone #

School

Grade

Race:	<input type="checkbox"/> Black - African American	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> White — Caucasian	Ethnicity:
	<input type="checkbox"/> Native Hawaiian / Pacific Islander a Haitian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Non-Hispanic	
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> 2 or More Races	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic

Household  
Income

What is your estimated total household income for the 2017 calendar year? \$\_\_\_\_\_

Household  
Members

How many people typically live in your household? \_\_\_\_\_

**Parent / Guardian Contact Information**

Person # 1

First Name

Last Name

Head of  
Household

Relationship to Member

Primary Phone #

E-Mail Address

Secondary Phone #

	Place of Employment (Name)	Location of Employer (City)
Person # 2	First Name	Last Name
	Relationship to Member	Primary Phone #
	E-Mail Address	Secondary Phone #
	Place of Employment (Name)	Location of Employer (City)

<b>Member Information</b>		
<p>The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.</p>		
My child has been involved in the foster care system.	Yes	No
My child has been involved with the juvenile justice system.	Yes	No
My child has friends or family members that have been involved in criminal behavior or gang associations.	Yes	No
My child has been suspended from school or truant from school.	Yes	No
My child has excessive absences from school.	Yes	No
My child is currently functioning below the appropriate grade level for their age.	Yes	No
My child has a learning disability.	Yes	No
My child is currently on the Free or Reduced Lunch Program.	Yes	No

<b>Health &amp; Emergency Information</b>			
Primary Emergency Contact	First Name	Last Name	Phone
Secondary Emergency Contact	First Name	Last Name	Phone
Physician	First Name	Last Name	Phone
Preferred Clinic / Hospital	Clinic Name	Clinic Phone	Hospital Name

List All Medical Problems, Warnings, Allergies and Special Needs

List All Medications

General Information

Family Setting Member Lives with:	Both Parents _____	Aunt _____	Brother _____
	Mother _____	Uncle _____	Sister _____
	Father _____	Grandparent _____	Guardian _____
Military Service Parent or Guardian	Not Applicable _____	Currently Serving _____	Veteran _____
	Service Branch:		

Consent & Acknowledgments

Emergency Treatment Initials \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Truly Valued, Inc. to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

Transportation & Field Trips Initials \_\_\_\_\_

I give permission for my child to utilize the transportation (if applicable) provided by Truly Valued, Inc. and to participate in all field trips provided / sponsored by Truly Valued, Inc.

Participation in Prevention / Intervention Programs Initials \_\_\_\_\_

Truly Valued, Inc. offers Prevention / Intervention Programs. These are prevention programs that encourage all members to make smart, positive, healthy choices in life. The programs strive for participants to; identify and resist peer and media pressure for involvement in negative behavior and understand the consequences of negative decision-making. Participants will gain understanding of the physical and social changes taking place in their lives, as well as improve decision-making skills, learn goal setting, problem solving and relationship building. I understand the purpose of these programs and give permission for my child to attend.

## Consent & Acknowledgments

Photo Release

Initials \_\_\_\_\_

I give permission Truly Valued, Inc. to take photos/video of my child and then to use these for publicity purposes and to meet grant reporting requirements.

School Records

Initials \_\_\_\_\_

I give permission to release to Truly Valued, Inc. any school information such as: grades, behavior and any other school reports necessary to assist in their programming.

Parent / Guardian Signature

I approve my child joining Truly Valued, Inc. and agree not to Truly Valued, Inc., its Board of Directors, Staff or Volunteers responsible and/or liable, and hereby RELEASE INDEMNITY AND HOLD THEM HARMLESS from liability for losses of any personal property and for injuries or by accidents suffered by my child at a Truly Valued, Inc. or in connection with membership, travel or participation, including any injury or loss caused by or claimed to be caused by the negligence, whether in whole or in part.

I understand that my child shall attend Truly Valued, Inc. an average of (1) day a week.

I ATTEST that the information provided is true and accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Your Name