

Parental Membership Agreement

I/we hereby certify that my/our child is physically able to participate in all programs offered by the McGivney Community Center, Inc.

In consideration of this application being accepted by the Center, I/we do hereby waive and release, for myself/ourselves, my/our heirs, executors, administrators or representatives and for my/our child and his/her heirs, executors, administrators, or representatives, any and all rights or claims for damages or other relief that I/we or he/she may have against the McGivney Community Center, Inc. or its authorized agents, for any and all injuries that may be suffered by my/our child as a result of his/her participation in any or all of the Center's programs.

I/we further agree that our child shall accept and abide by the direction, instruction and authority of the Center's appointees, staff and coaches. I/we further agree that our child shall respect the right and privileges of others and abide by the rules and courtesies of fair play and sportsmanship.

I/we further agree to accept full responsibility for all Center equipment or uniforms as may be issued or lent to my/our child pursuant to his/her participation in the above and I/we shall compensate the Center for any loss, destruction or damage to such equipment or uniforms.

I/we further agree that the McGivney Community Center is not responsible for any personal property that is lost, damaged or stolen at the center or during center activities.

I/we understand that the violation of any of the terms and provision of this application may result in suspension or expulsion from participation.

I/we hereby certify that we have read, fully understand and agree to the terms and provision contained in the membership agreement.

PARENT/GUARDIAN AUTHORIZATION

The information provided is correct as far as I know and the person named above has my permission to participate in all activities scheduled by the McGivney Community Center staff except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the McGivney Community Center to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery, for the person named above. I also understand that I will forfeit my child's rights to participate if any of the provided information is found to be false.

Child's Membership Agreement

As a member of the McGivney Community Center:

I will treat all staff, members, and parents with respect.

I will care for all equipment as if it were my own.

I understand that if I am caught swearing, stealing, fighting, disrespecting other members or staff, damaging equipment or property, lying, or involved in any other action that the Center staff deems inappropriate, I can be removed from the Center for the day or evening, and depending on the seriousness of the offense, I may be suspended for a period of time.

Release Form

I hereby irrevocably consent to and authorize the use and reproduction by The McGivney Community Center, of any and all videotape footage, still photos and quotations taken, for any purpose whatsoever without further compensation to me. All videotape, photo, slides and copies shall constitute their property solely and completely. Compensation to me will be in the form of promotional exposure if this footage is used in program form (broadcast, cable, print articles or presentation).

I also hereby irrevocably consent to and authorize any full-time McGivney staff to obtain any school records for the person named above. I also hereby irrevocably consent to and authorize my child to participate in any informational surveys conducted by McGivney Staff.

FOR OFFICE USE ONLY:

PROGRAM(S)	COST	CHECK/ CASH	EMPLOYEE INITIALS	DATE

After-School Membership Application
2017-2018

CHILD'S FIRST NAME: _____ CHILD'S LAST NAME: _____ SEX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____

PRIMARY TELEPHONE#: _____ PRIMARY LANGUAGE SPOKEN AT HOME: _____

PLEASE PROVIDE YOUR E-MAIL ADDRESS FOR FUTURE MAILINGS: _____

PLEASE ADD CHILD'S E-MAIL ADDRESS FOR COMPUTER ACTIVITIES: _____

DOES THIS CHILD RECEIVE FREE/REDUCE PRICE MEALS AT SCHOOL? YES / NO

IS YOUR CHILD ENROLLED IN ANY SPECIAL EDUCATION SERVICES? YES / NO

<p>ETHNIC ORIGIN: <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON-LATINO</p> <p><u>PLEASE MARK ALL ETHNIC ORIGINS THAT APPLY:</u></p> <p><input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE</p> <p><input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER</p> <p><input type="checkbox"/> BLACK/ AFRICAN AMERICAN & WHITE</p> <p><input type="checkbox"/> ASIAN & WHITE</p>	<p>WHOM IS THE CHILD'S PRIMARY GUARDIAN(S)?:</p> <p><input type="checkbox"/> MOTHER & FATHER</p> <p><input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY</p> <p><input type="checkbox"/> MOTHER & STEPFATHER <input type="checkbox"/> FATHER & STEPMOTHER</p> <p><input type="checkbox"/> FOSTER PARENTS <input type="checkbox"/> OTHER RELATIVES</p> <p>WHOM IS THE CHILD'S TEACHER? _____</p>
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HOW MANY PEOPLE LIVE IN THE HOUSEHOLD INCLUDING ALL ADULTS AND CHILDREN? _____

Please check the total yearly income range for the household (all income): AFDC: YES / NO

\$0 - \$4,999 | \$5,000 - \$9,999 | \$10,000 - 13,999 | \$14,000 - 16,999 | \$17,000 - 19,999

\$20,000 - \$23,999 | \$24,000 - \$26,999 | \$27,000 - 29,999 | \$30,000 - \$33,999 | \$34,000 - \$36,999 |

\$37,000 - \$39,999 | \$40,000 - \$43,999 | \$44,000 - 46,999 | \$47,000 - 49,999 | \$50,000 - 53,999

\$54,000 - 56,999 | \$57,000 - \$59,999 | \$60,000 - 63,999 | \$64,000 - 66,999 | Over \$67,000

FATHER'S NAME: _____ MOTHER'S NAME: _____

FATHER'S EMPLOYMENT: _____ MOTHER'S EMPLOYMENT: _____

HOME PHONE: _____ WORK PHONE: _____

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PLEASE READ AGREEMENT ON THE REVERSE SIDE BEFORE SIGNING

FATHER'S SIGNATURE: _____ DATE: _____

MOTHER'S SIGNATURE: _____ DATE: _____