



FOUNDATION FOR YOUTH

Membership Form

Office Use Only:	
RecTrac:	_____
PAYMENT CODE:	_____
Date:	_____

First Child:			Second Child:			Third Child:		
First Name:			First Name:			First Name:		
Middle Name:			Middle Name:			Middle Name:		
Last Name:			Last Name:			Last Name:		
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:
School:			School:			School:		
Ethnicity: (Circle One) African American Asian Hispanic Multi-Racial Native American White Other			Ethnicity: (Circle One) African American Asian Hispanic Multi-Racial Native American White Other			Ethnicity: (Circle One) African American Asian Hispanic Multi-Racial Native American White Other		
Health Conditions (History, Allergies, Etc)			Health Conditions (History, Allergies, Etc)			Health Conditions (History, Allergies, Etc)		
Are Immunizations Current?			Are Immunizations Current?			Are Immunizations Current?		
Parent/Guardian Name:						City:		
Home Address:						Zip code:		
Home Phone Number:			Father's Name:			Mother's Name:		
Cell Phone #:			Father's Cell Phone #:			Cell Phone #:		
Email:			Work Phone #:			Work Phone #:		
Emergency Information: <i>Membership REQUIRES two emergency contacts other than parents</i>								
Name: _____					Name: _____			
Home #: _____ Work#: _____					HOME#: _____ Work#: _____			
Relationship To Member:					Relationship To Member:			
Additional Medical Information:								
Physician: _____						Physician's Phone: _____		
Do You Have Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Insurance Company: _____						Policy Number: _____		
Is Your Child Allowed To Swim? (Circle One) Yes No								
Is Your Child Allowed To Sign Out and Walk Home from Club (Circle One) Yes No								
If yes please explain times your member is to sign out and walk home _____								
Are there activities in which your Child should not participate?								
Additional Needs of Your Child:								
Persons permitted to pick up member(s):								
Persons NOT permitted to pick up member(s):								

ASSISTANCE REQUEST:

If you are applying for the sliding fee scale please check this blank _____

Yearly Taxable Income: Derived from most current year's tax return: \$ _____

Please be prepared to show your most current year's tax return upon application for assistance.

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.

Member(s) lives with: (Circle One) Both Parents Mother Only Father Only Mother/Stepfather Father/Stepmother
Grandparent Aunt Uncle Guardian Other (specify)

Annual Household Income: (Check One)

\$1 - \$4,999	\$5,000 - \$7,499	\$7,500 - \$9,999	\$10,000 - \$14,999	\$50,000 – over
\$15,000 - \$19,999	\$20,000 – \$29,999	\$30,000 - \$39,999	\$40,000 – \$49,999	

YOUR SIGNATURE BELOW VERIFIES THAT:

- 1) I have been provided with the policies and guidelines of Foundation For Youth programs and will explain these to my child;
- 2) I agree to indemnify, release and hold harmless the Foundation For Youth, its directors, officers and employees from any and all claims or damages for any accident, injury or illness arising out of the use of facilities, equipment and/or participation in activities associated with the Foundation For Youth;
- 3) I give consent for my child to appear through media as the Foundation for Youth deems appropriate.
- 4) I have provided all relevant health information and history.
- 5) I hereby release Foundation For Youth of Bartholomew County, Inc., its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Foundation For Youth of Bartholomew County, Inc. Internet and Technology Systems, including but not limited to, claims that may arise from the unauthorized use of the Internet and Technology Systems to purchase products or services.
- 6) **Allow Foundation For Youth Staff to provide routine health care, administer prescribed and parent provided OTC medications, and seek & provide emergency medical treatment where deemed necessary.**
- 7) ***I have read and understand that should collection efforts or legal action be required to recover money that I owe FFY then I shall be responsible for any and all collection costs, court costs, and reasonable attorney fees incurred by FFY.***

Parent/Guardian Signature

Date

Payment and Refund Policy:

Cancellations must be made by Thursday prior to the activity/ activity week by 5:00 p.m. Refunds are subject to a \$5.00 fee and will take up to 30 days for mail delivery. Families may transfer activity registrations by Thursday 5:00 pm prior to the week at no additional cost. No refunds/transfers will be given after Thursday 5:00 pm prior to the week. No refunds will be given due to a suspension.