

BC/ASP MEMBERSHIP APPLICATION

NAME OF CHILD:

Home Address:

Primary Contact Telephone: _____

AGE: _____

PARENT / GUARDIAN NAME:

PLACE OF EMPLOYMENT:

PARENT/GUARDIAN NAME:

PLACE OF EMPLOYMENT:

PHONE: _____

CELLPHONE: _____

EMAIL: _____

WORK: _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____

WORK: _____

LIVING WITH BOTH

PARENTS:

AGES: _____

SIBLINGS:

DO YOU HAVE INSURANCE COVERAGE?

Hospital of Preference or Personal Physician:

EMERGENCY CONTACTS: _____ RELATION: _____ PHONE: _____

1. (Other than. Parents): _____ RELATION: _____ PHONE: _____

2. _____

PARENT/GUARDIAN. APPROVAL

I hereby approve my child's application for membership in the Linnton Community Centers Breakfast Club and/or After-school Program and STEAM Club. I will notify the Club of any changes in address and telephone numbers listed on the membership application.

I understand that the Linnton Community Center After-school Club has an "OPEN DOOR POLICY." This means that members are free to come and leave the Club at will. It is the responsibility of the parents/guardian to instruct their child as to whether they can leave or not.

I understand that if my child must be picked up at or before closing time. The Linnton Community Centers After-school Program & STEAM Club provides no supervision after closing. Members who are not picked up at the club before closing are the parent's responsibility. The Linnton Community Center assumes NO responsibility; I understand a late fee policy will be in effect if my child is not picked up or vacated the Linnton Community Centers After-school Activities Club before closing time.

I understand that my child's membership standing is based on upon his/her ability to obey the rules of the club, its officials and staff members. Membership may be suspended or cancelled at anytime for misbehavior without a refund.

I will not hold the Linnton Community Center After-school Program responsible in case of injury resulting from my child's activities in the program. I give consent for my child to be given emergency treatment by a physician or hospital in case of an accident.

I give the Linnton Community Center to take and use photographs of my child for publicity and or news related purposes.

I agree to volunteer two hours a year of my time at the Center, and will actively participate infundraising events.

Parent / Guardian Signature:

Date:

I wish to be a member of the Breakfast Club and/or After School Program & STEAM Club. I agree to follow the rules and respect the staff, other members and property of the Club. If I abuse the rules my parents will be called, and I may be asked to leave.

Member Signature: