



ROTARY YOUTH CLUB AFTER SCHOOL APPLICATION 2017-2018

\$40 /per month fee

Monday thru Friday 3:00 pm. – 6:00 p.m.

MEMBER INFORMATION

Last Name of Youth _____ First Name _____ Middle _____
 Address: _____ City _____ State _____ Zip _____
 Birthdate (mm/dd/yyyy) _____ Age: _____ Gender: ___M___F
 Ethnicity: Caucasian African American Asian Hispanic Mixed Heritage Other _____
 School: _____ Grade: _____
 Teacher (if known) _____

PRIMARY CONTACT

Relationship to Member: _____
 Parent/Guardian: ___ Yes ___ No
 Person Authorized to Pick up Member: ___ Yes ___ No
 Name: _____
 Home Address: _____
 Employer: _____
 Work Ph: _____ Home Ph: _____
 Email: _____
 Cell Ph: _____ Other: _____

SECONDARY CONTACT

Relationship to Member: _____
 Parent/Guardian: ___ Yes ___ No
 Person Authorized to Pick up Member: ___ Yes ___ No
 Name: _____
 Home Address: _____
 Employer: _____
 Work Ph: _____ Home Ph: _____
 Email: _____
 Cell Ph: _____ Other: _____

**OTHER EMERGENCY CONTACT
(Other than Family Member)**

Relationship to Member: _____
 Parent/Guardian: ___ Yes ___ No
 Person Authorized to Pick up Member: ___ Yes ___ No
 Name: _____
 Work Ph: _____ Home Ph: _____
 Email: _____
 Cell Ph: _____ Other: _____

**PERSON(S) NOT AUTHORIZED TO CONTACT
MEMBER (if applicable)**

Name: _____
 Description: _____

 Name: _____
 Description: _____

MEDICAL INFORMATION

Doctor Name _____ Doctor Phone _____
 Permission for Treatment by Doctor/Hospital: ___ Yes ___ No Do you have Medicaid? ___ Yes ___ No
 Does your family have health and/or accident insurance? ___ Yes ___ No
 Insurance Carrier: _____ Insurance Carrier Phone: _____
 Insurance Policy #: _____ Group #: _____
 Serious Health Problems (including allergies): ___ Yes ___ No If yes, explain: _____

 Medications: ___ Yes ___ No If yes, explain: _____

Please initial

Members are not allowed to leave the Club property as they please. The Club assumes no responsibility for members who choose to do so. Club supervision only occurs within our designated buildings or immediate outside areas.

I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by the RYC in production, marketing, training, services or similar purposes. I understand that my child will receive no compensation or consideration for the release, and that I can revoke this right at any time in writing.

I hereby give permission for the RYC Directors to have access to my child's teachers, grades, report cards in conjunction with programs related to education and case management. All information will be kept strictly confidential.

I agree that if my son or daughter needs to be picked up due to illness, injury or suspension, I will pick up my child or arrange for him/her to be picked up within 30 minutes.

I understand that the Club, its employees and agents, shall not be responsible for any losses of personal property.

I have received a Parent Handbook and agree to all rules & requirements of RYC membership.

I hereby grant my consent for my child to participate in surveys or other program evaluation mechanisms instituted by the RYC. I understand that all results will be kept strictly confidential.

Member may participate in all RYC activities in or next to the Club buildings. I also authorize my child to participate in any off-site activities during the 2017-18 term..

HOUSEHOLD INFORMATION

This information is collected for Grant Writing & statistical purposes ONLY and is strictly confidential.

Member lives with: Both Parents Father ONLY Mother ONLY Parent & Step Parent Foster Parent Other (specify) _____

Number in Household: _____ Number *Under Age 18* _____

Is there a member of the Household 65 years or older: Yes No

Is a parent or guardian a member of the military: Yes No

Does the member currently receive: Free Lunch Reduced Price Lunch Neither

Annual combined household income:

\$0-\$5,000 \$5,001-\$12,000 \$12,001-\$22,000 \$22,001-\$32,000 \$32,001-\$40,000 \$40,001+

Disclaimer:

As parent and/or guardian of the applying member, I agree the Fairhope-Point Clear Rotary Youth Club and staff shall not be held responsible or liable in the event of harm or injury to the applying member. This also includes the applying member's welfare and/or whereabouts. If I file a complaint against RYC, I agree to pay the applicable legal expense on behalf of the RYC.

I hereby grant permission for my child to become a member of RYC. I certify that I am the child's parent and/or legal guardian and have full power, right and authority to enter into this release on behalf of the child and understand all applicable terms, conditions and provisions. I also understand that I am responsible for full and complete payment of fees. By failing to remit payment by the advertised deadlines, my child's membership status could be suspended or terminated.

Parent's Printed Name

Parent's Signature

Date