



2019 SUMMER APPLICATION
Members (\$150 per month, per child)
Non-members (\$250 per month, per child)

Early Bird Drop-off @ 7:00 a.m. is an additional \$100 per month.

Hours: 8:00 a.m. – 5:30p.m. (M-F) Register @ Club or Online ~ www.rotaryyouthclub.org

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

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

OTHER EMERGENCY CONTACT (Other than Family Member)	PERSON(S) <u>NOT</u> AUTHORIZED TO CONTACT MEMBER (if applicable)
Relationship to Member: _____	Name: _____
Parent/Guardian: ___ Yes ___ No	Description: _____
Person Authorized to Pick up Member: ___ Yes ___ No	_____
Name: _____	Name: _____
Work Ph: _____ Home Ph: _____	Description: _____
Email: _____	_____
Cell Ph: _____ Other: _____	_____

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 2019-2020 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