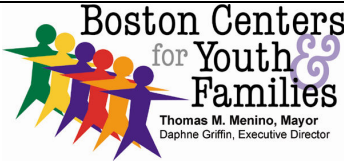


For Office Use Only

Site: \_\_\_\_\_ Date Received: \_\_\_\_\_

Staff Member Entering: \_\_\_\_\_ ID: \_\_\_\_\_ Fee Type: \_\_\_\_\_



# Youth Only Membership Application

*The mission of Boston Centers for Youth & Families is to enhance the quality of life for Boston residents by partnering with community center councils, agencies, and businesses to support children, youth, individuals and families through a wide range of comprehensive programs and services according to neighborhood needs.*

## MEMBER 1 INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Female  Male

Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity (select all that apply):  Asian  Black  Native American  Native Hawaiian  White  
 Are you of Hispanic or Latino origin?  Yes  No

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Type of School:  Public  Charter  Private/Parochial  Homeschool

Child lives with (select all that apply):  Both Parents  Mother Only  Father Only  Aunt/Uncle  
 Sister/Brother  Step Parent  Grandparent  Foster Parent  Guardian  Other: \_\_\_\_\_

*To better serve the needs of our families and connect them to City services, we are requesting the following information.*

Annual Household Income:  Below \$10,830  \$10,831-14,570  \$14,571-18,310  \$18,311-22,050  \$22,051-25,790  
 \$25,791-29,530  \$29,531-33,270  \$33,271-37,010  \$37,011-49,999  \$50,000-74,999  \$75,000+

Number of Family Members: \_\_\_\_\_

Housing:  Rent  Own  Public Housing/Section 8  Shelter  Other: \_\_\_\_\_

Assistance Programs (select all that apply):  Day Care Voucher  SNAP/Food Stamps  General Assistance  
 Temporary Assistance for Needy Families (TANF)  Medicaid  SSDI  SSI  Veterans Compensation

## Medical Information

Health Insurance Company: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Do you have any medical conditions or allergies?  No  Yes. If yes, please select type/s and describe below:

Allergies  Asthma  Physical Restrictions  Medications  Other: \_\_\_\_\_

Description: \_\_\_\_\_

Is there any additional information we should know about this you?  No  Yes

If yes, please list: \_\_\_\_\_

## Parent/Guardian Contact Information

*(These two contacts are authorized to pick-up youth family members from the Boston Centers for Youth & Families Community Center.)*

Parent Guardian Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Second Parent Guardian Name:** \_\_\_\_\_ **Relationship to member:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact Information**

Please specify two people (**other than a parent or guardian for youth**) who can be contacted in case of emergency.  
(These two contacts are authorized to pick-up youth family members from the Boston Centers for Youth & Families Community Center.)

**Primary Contact Name:** \_\_\_\_\_ **Relationship to member:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_ **Relationship to member:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

The application is factual and complete to the best of my ability.

I hereby waive and release any and all rights, causes of action, and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families, and any and all other associated individuals or organizations, for any and all personal injuries or property damage resulting from my participation in Boston Centers for Youth and Families Programs.

I, the undersigned parent or guardian of [\_\_\_\_\_], a minor, hereby consent to his/her Boston Centers for Youth and Families membership and waive and release any and all rights, causes of action and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the program.

I give consent for me/my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Boston hospital is authorized. I give my consent for photographs, audiotapes, and video records of me/my child to be used by Boston Centers for Youth & Families for publicity purposes. I also agree to allow Boston Centers for Youth & Families to use photographs, audiotapes, video records or other work produced by the member for publicity purposes.

I understand that transportation is not provided and it is my responsibility to arrange transportation to and from Boston Centers for Youth & Families Community Centers.

Failure to comply with these rules and expectations can lead to termination of membership.

\_\_\_\_\_  
Signature of Member Date

\_\_\_\_\_  
Signature of Parent/Guardian (if member is under 18) Date