

MVKC Membership Application

Basic Information

Youth First Name: _____ Middle: _____ Last: _____
Gender: M F Ethnicity: _____ Date of Birth: ___/___/___
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____

School Information

Name of School: _____
Current Teacher: _____
Grade: _____
School Lunch: ___free lunch ___reduced lunch ___none
How will member usually arrive at MVKC?
___Staff Pick-up at Bill Metz ___Walk ___Parent drop-off
How will the member usually depart MVKC?
___Walk Home ___Parent Pick-up

Household

*This information is kept confidential and will ONLY be used for grant purposes and is REQUIRED for free membership. *

Member lives with: ___Mom ___Step Mom ___Dad ___Step Dad
___Grandparent ___Foster Parents ___Other: _____

Estimated Annual Income Level: _____

Number of Individuals in Member's Household: _____

Is there a member of the household 65 years or older? ___Y ___N

Is there a member of the household that is handicapped? ___Y ___N

Current Single Parent? ___Y ___N

General Information

Member has permission to be used in public relations materials: ___Y ___N

Member is a former member of MVKC: ___Y ___N

Member can swim: ___Y ___N

Do you give permission for this member to walk home alone: ___Y ___N

Emergency Contact Information

If there is anyone who should NEVER pick up member, please speak with the staff supervisor.

E-mail: _____

- This will be used for MVKC updates, Kids Quest notifications, and other MVKC announcements.

Parent/ Guardian 1:

Name:

() _____ () _____

Home Phone

Cell Phone

() _____

Work Phone

Address: _____

City, State, Zip Code: _____

Parent/ Guardian 2:

___ Check here if same as parent 1.

Name:

() _____ () _____

Home Phone

Cell Phone

() _____

Work Phone

Address: _____

City, State, Zip Code: _____

Alternative/Emergency Contacts

Contact 1: _____

() _____ () _____

Primary Phone

Secondary Phone

Address: _____

City, State, Zip Code: _____

Relation to Member? _____

Contact 2: _____

() _____ () _____

Primary Phone

Secondary Phone

Address: _____

City, State, Zip Code: _____

Relation to Member? _____

Medical Information

Hospital/Clinic Preference: _____

Physician's Name: _____ Phone Number: () _____

Insurance Company: _____ Phone Number: () _____

Special Needs, Food, Other allergies: _____

Please read thoroughly and ask a staff member if you have any questions.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached or in case of emergency.

Parent/ Guardian's Signature: _____ Date: ___/___/___

In Consideration of my child's membership and participation in the Monte Vista Kid's Club, I as parent/guardian of the above named minor I do hereby release the MVKC from all liability to me, my child, and my child's personal representative, assigns and heirs for all claims and damages which my child of I may have against the MVKC and/or its sponsors resulting from participation in or connection to a MVKC related activity. I hereby authorize the MVKC, as my agent, to secure medical treatment as is deemed necessary, and will, on behalf of said minor, assume and pay all expenses associated with such treatments in the event of accident, illness of other incapacity. I will ensure that my child is fit and sufficiently trained to participate in the programs of the MVKC. I permit the MVKC to utilize surveys/testing to evaluate the effectiveness of MVKC programming. I permit the MVKC to utilize photographs of my child taken of his/her involvement in MVKC programs and hereby waive all rights of compensation for said use. I understand that the MVKC is not responsible for the time or manner in which my child arrives or leaves the MVKC and I also understand that the MVKC is not responsible for lost or stolen items or personal belongings.

Parent/ Guardian's Signature: _____ Date: ___/___/___

Member's Signature: _____ Date: ___/___/___