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MON VALLEY YOUTH AND TEEN ASSOCIATION, INC.

160 Thompson Avenue
Donora, PA 15033
Phone (724) 379-4889

MEMBERSHIP REGISTRATION FORM

Check one:

_____ Family Membership - \$10.00/year (payable each year)
(Complete Parts 1 and 3 of this form)

_____ Individual Membership - \$5.00/year (payable each year)
(Complete Parts 2 and 3 of this form)

PART 1— FAMILY MEMBERSHIP

_____ Family's Street Address _____ City _____ State _____ Zip Code _____ Home Phone

Youth (Through 18 years of age) family members to be registered: E-MAIL ADDRESS _____

_____ Child's Last Name _____ Child's First Name _____ Birthdate _____ Age _____ Grade _____ Sex

List any known allergies: _____ Reaction: _____

List any medications taken on a regular basis: _____

List any physical limitations: _____

_____ Child's Last Name _____ Child's First Name _____ Birthdate _____ Age _____ Grade _____ Sex

List any known allergies: _____ Reaction: _____

List any medications taken on a regular basis: _____

List any physical limitations: _____

_____ Child's Last Name _____ Child's First Name _____ Birthdate _____ Age _____ Grade _____ Sex

List any known allergies: _____ Reaction: _____

List any medications taken on a regular basis: _____

List any physical limitations: _____

_____ Child's Last Name _____ Child's First Name _____ Birthdate _____ Age _____ Grade _____ Sex

List any known allergies: _____ Reaction: _____

List any medications taken on a regular basis: _____

List any physical limitations: _____

Adult (over 18 years of age) family members to be registered:

_____ Last Name _____ First Name

_____ Place of Employment _____ Relationship to Youth Member

_____ Last Name _____ First Name

_____ Place of Employment _____ Relationship to Youth Member

Part 2 — Individual Membership

_____	_____	_____
Last Name	First Name	Home Phone
_____	_____	_____
Street Address	City	State Zip Code

In addition to the above, please complete the following if a youth member (to 18 years of age)

EMAIL ADDRESS _____

Birthdate _____ Age _____ Grade _____ Sex _____

List any known allergies: _____ Reaction? _____

List any medications taken on a regular basis: _____

List any physical limitations: _____

Youth lives with (circle one):

Both parents Mother Father Grandparents Other (Specify) _____

Mother/Guardian Name _____ Place of Employment _____

Father/Guardian Name _____ Place of Employment _____

PART 3 ---- INDIVIDUAL AND FAMILY

It is my desire that those individuals listed on this membership registration form become members of the Mon Valley Youth and Teen Association, Inc. and as such, may participate in any program and activity offered by the organization. I agree to be financially responsible for any additional program fees that may apply (field trips, etc.) I understand that the Mon Valley Youth and Teen Association, Inc. will take every precaution to ensure the safety of all participants and hereby waive any claims against the Mon Valley Youth and Teen Association, Inc. for any and all causes which may arise in connection with said programs and activities. In case of apparent illness, injury, or accident, I desire that medical treatment be administered at once at a reliable hospital and that such notification be sent to me immediately.

In the event that any photographs be taken during participation in programs and activities, I agree that they can be used as part of Mon Valley Youth and Teen Association, Inc.'s promotional materials.

Signature _____ Date _____
(Parent/Guardian must sign for those under 18 years of age)

Emergency contact person (other than parent/guardian) _____

Emergency Phone Number _____

PART 4----OFFICE USE ONLY

Amt. Pd. _____ Cash _____ Check# _____ Date Paid/Joined _____ Area _____

Type of Membership: _____ Individual _____ Family

_____ Programs _____ Day Camp _____ Resident Camp _____ Enrichment _____ Other