



Membership Application 2009/2010

Assigned Member ID #: _____ Membership Fee - \$ Fee Paid _____
 Money Order _____ Check # _____ Credit Card _____
 Date Application Rcvd _____ New _____ Renewal _____
 Date Data Entered _____ By (staff initials) _____

MEMBER INFORMATION

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Last Name

First Name

Address: _____

GA

City _____ State _____ Zip Code _____

Age _____
Grade _____
Birthdate _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

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Home Phone#

Member Cell Phone#

Parent First # for Contact

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Parent/Guardian Email

Member Email

Member MySpace Page

Name of School: _____ Grade _____

How Will Your Child Get Home After leaving YPM?

Member Allowed to Leave YPM on Their Own? Yes _____ No _____

Other Adults (besides parent) Authorized to Pick Up Member:

First Name	Last Name	Telephone	Relation to Member

FAMILY INFO

Mother's Name: _____ Mother's Employer: _____

Mother's Work Phone #: _____ Mother's Cell Phone #: _____

Father's Name: _____ Father's Employer: _____

Father's Work Phone #: _____ Father's Cell Phone #: _____

Guardian's Name: _____ Relationship to Member: _____

Guardian's Employer: _____ Guardian's Work Phone #: _____

MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Phone #: _____

Permission for Doctor/Hospital: _____ Yes _____ No

Does Your Family Have Health and/or Accident Insurance: _____ Yes _____ No

Insurance Provider: _____ Group #: _____

Indicate Any Medical Problems and/or Allergies: _____

Indicate Any Medications Presently Taking: _____

GENERAL INFORMATION

Can Member Swim: _____ Yes _____ No

Other Sports, Fitness, Recreation Activities Member Participates In:

Talents, Skills or Knowledge Parent(s) or Guardian Is Willing To Share With Members (Leisure or Employment Related)

Areas Parent(s)/Guardian Would Be Interested In Volunteering

_____ Special Events _____ Annual Fundraising Campaign _____ Chaperoning Events

_____ Summer Program _____ Outreach _____ Grant Writing or Marketing

_____ Visiting program and Speaking with Teens about My Career as a _____

_____ Providing a job at my worksite for a Teen

Confidential Information

The following information is necessary for our records and funding our organization receives. The answers you provide are confidential and will be used for statistical information only. Your cooperation in providing this information is appreciated and essential to YPM.

Household Income: ___ \$0-5,000 ___ \$5,001 - \$10,000 ___ \$10,001-\$15,000 ___ \$15,001 to \$20,000 ___ \$20,001 to \$25,000 ___ \$25,001 to \$30,000 ___ \$30,001 to \$40,000 ___ \$40,001 and above

Circle All That Apply to your household:

SSDI SSI TANF Food Stamps Peachcare Medicaid/Medicare Free/Reduced School Lunch

How did you learn about YPM? Email; Flyer; School Outreach; Word of Mouth; YPM Member; Website; Myspace, Other (please specify) _____

_____ Yes, I give YPM my consent to use photographs, in which my child may appear. I consent to my child participating in outcomes measurements, which include taking surveys and the copying of my child's report card which will be kept confidential.

Parent/Guardian Signature

Member Signature

Date