



Allentown Corps Youth Department 2016 Membership Application

The Salvation Army Youth Department **MONTHLY membership fee is \$10.00 per child and \$5.00 per additional child in the same household.** Payments will be due on the first Friday of every month. This fee is collected to help offset the costs associated with providing a fun, safe and friendly environment for your child.

Childs Name: _____ Birth date: ____/____/____ Age: _____

Ethnicity (circle one): African American Hispanic White Asian Other: _____

Child's Doctor: _____ Preferred Hospital: _____

Insurance Carrier/ Plan: _____ Policy #: _____

Name of Insured: _____ Relationship to Child: _____

Current Medications: _____

Circle all allergies that apply and list any other additional allergies

Food Allergies: Peanuts Shell Fish Pork Products Wheat Lactose Intolerant Strawberries

Other Food Allergies: _____

Substances: Pollen Bees/ Bee Sting Mold Dust Dogs Cats Other: _____

Medication Allergies: _____

Please list all restrictions your child has from physical activities: _____

Please list all dietary restrictions your child may have: _____

Parent Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ St _____ Zip _____

Phone (Home) _____ (Cell) _____ (Business) _____

Employer _____ Occupation _____

of People living In your Household _____ E-mail Address _____

Household Annual Income (circle one):

Less than 10,000 10,000-24,000 25,000-49,999 50,000-74,999 75,000-100,000

Any Salvation Army member between six (6) & twelve (12) years old MUST be picked up from the facility.

Due to repetitive late pickups, we have implemented a \$10.00 late fee. This fee is due prior to your child returning to the program.

Approved Emergency Contact/Pick-Up List (must be at least sixteen (16) years old with proper ID)

Please list everyone who may pick up your child/children from The Salvation Army building.

Name	Phone #	Relationship to Child

By signing the end of this document I (we) agree to the following terms: In case of illness or accident The Salvation Army of Allentown Corps Community Center is authorized to secure emergency medical treatment at my expense. The Salvation Army of Allentown Corps Community Center reserves the right to dismiss any member who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of their membership fee. **THE SALVATION ARMY OF ALLENTOWN CORPS COMMUNITY CENTER ASSUMES NO RESPONSIBILITY FOR PERSONAL PROPERTY.** By signing this application for membership to The Salvation Army of Allentown Corps Community Center, I (we) hereby waive any and all claims against The Salvation Army of Allentown Corps Community Center. I understand that I am participating in recreation, education and cultural arts activities of The Salvation Army Corps Community Center at my own risk and if I am injured, The Salvation Army of Allentown Corps Community Center's third party medical insurance will not cover injury resulting from or aggravated by a preexisting injury or illness. I understand The Salvation Army of Allentown Corps Community Center recommends that all participants carry their own personal medical insurance that will cover the complete cost of any injury sustained while participating in these activities. I hereby agree to reimburse The Salvation Army of Allentown Corps Community Center for any lost or damaged equipment and/or property. Drugs and alcohol are prohibited on The Salvation Army grounds and inside the facility. I will faithfully abide by the Policies, Rules and Regulations of The Salvation Army of Allentown Corps Community Center, I will do my best to live up to them and be a loyal active member. I understand that my membership to The Salvation Army of Allentown Corps Community Center is non-transferable. Annual memberships are non-refundable.

I hereby irrevocably grant to The Salvation Army the absolute right and permission to copyright and/or publish or use photographic portraits or pictures of me and/or my child, or in which I may be included in whole or in part, or composite or distorted in character or form, in conjunction with my name or a fictitious name, or reproductions thereof in color or otherwise, made through any media, for art, advertising, or any other lawful purpose whatsoever. I also grant The Salvation Army the same right and permission to use any statements or testimonials made by me.

Parent/Guardian Name(s): _____
Please Print

Signature(s): _____ Date: _____