

Office Use only:
Person(s) not allowed to pick-up listed: Yes or No
Allergies Listed: Yes or No
Court Order on File: Yes or No
Membership Paid: Yes or No For: 1 2 3 4. Full or Reduced
Amount \$ _____ Check #: _____ Cash or CC
Free/Reduced Lunch: Yes or No If Yes Verified _____ Staff Initial



Culver Youth Club Membership Registration Form

(Information is kept confidential. Membership fees are non-refundable)

Office only: Member #1 - Membership Number: _____ New _____ Renewal _____ Club _____

Member #1: First Name: _____ **Last Name:** _____ **Gender:** Male Female **Date of Birth:** _____

Age _____ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** _____

School _____ **Grade** _____ **Teacher:** _____ **Bus #:** _____

Does he/she receive free or reduced lunch? Yes No (If Yes then Free or Reduced)
(If you circled yes, verification is required to receive financial assistance for membership/league fees. A copy of the letter from the school corporation will suffice. Otherwise, you can sign our Parental Release of Information form, enabling us to verify through the schools).

Office only: Member #2 - Membership Number: _____ New _____ Renewal _____ Club _____

Member #2: First Name: _____ **Last Name:** _____ **Gender:** Male Female **Date of Birth:** _____

Age _____ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** _____

School _____ **Grade** _____ **Teacher:** _____ **Bus #:** _____

Does he/she receive free or reduced lunch? Yes No (If Yes then Free or Reduced)
(If you circled yes, verification is required to receive financial assistance for membership/league fees. A copy of the letter from the school corporation will suffice. Otherwise, you can sign our Parental Release of Information form, enabling us to verify through the schools).

Office only: Member #3 - Membership Number: _____ New _____ Renewal _____ Club _____

Member #3: First Name: _____ **Last Name:** _____ **Gender:** Male Female **Date of Birth:** _____

Age _____ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** _____

School _____ **Grade** _____ **Teacher:** _____ **Bus #:** _____

Does he/she receive free or reduced lunch? Yes No (If Yes then Free or Reduced)
(If you circled yes, verification is required to receive financial assistance for membership/league fees. A copy of the letter from the school corporation will suffice. Otherwise, you can sign our Parental Release of Information form, enabling us to verify through the schools).

Office only: Member #4 - Membership Number: _____ New _____ Renewal _____ Club _____

Member #4: First Name: _____ **Last Name:** _____ **Gender:** Male Female **Date of Birth:** _____

Age _____ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** _____

School _____ **Grade** _____ **Teacher:** _____ **Bus #:** _____

Does he/she receive free or reduced lunch? Yes No (If Yes then Free or Reduced)
(If you circled yes, verification is required to receive financial assistance for membership/league fees. A copy of the letter from the school corporation will suffice. Otherwise, you can sign our Parental Release of Information form, enabling us to verify through the schools).

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Mailing/emailing Information

(We do send Periodic Program information to parents through mail or email)

Member's Address: _____ Primary Phone: _____ Cell Home
City: _____ State: _____ Zip: _____
Household e-mail _____

A parent or an authorized adult, as listed below, must sign every child in and out daily.

Individual(s) Authorized to contact in an Emergency and/or to pick up your child. Please list Name & phone number in the order you would like us to call. We can only accept changes that have been submitted in writing by the parent or guardian.

****Any person picking up a child in the Club must have a picture ID AND be listed below**

1. Who should we contact first: Name: _____ Relationship to child: _____
Phone #: _____ Cell Phone Number: _____
2. Name: _____ Relationship to Child: _____ Phone#: _____ C H
W
3. Name: _____ Relationship to Child: _____ Phone#: _____ C H
W
4. Name: _____ Relationship to Child: _____ Phone#: _____ C H
W
5. Name: _____ Relationship to Child: _____ Phone#: _____ C H
W

Person(s) NOT allowed to Pick UP

Person(s) **NOT** allowed to pick up Club/Kidstop members listed on this form including Male & Female Head of household:

(Please note if a person not allowed to pick up is the mother or father of a Club member we will need a copy of the Court Order)

Name of Person Not allowed to pick up: _____ Relationship to the Member: _____

Member(s) who cannot be picked

Up: _____

Court Order Provided: Yes or No

Name of Person Not allowed to pick up: _____ Relationship to the Member: _____

Member(s) who cannot be picked

Up: _____

Court Order Provided: Yes or No

Medical Authorization

I understand that all **members listed on this Membership Form/Child Information** may, while on the premises of Culver Youth Club or during any Culver Youth Club sponsored activities/programs become ill or injured and that it may be impractical to notify me prior to: (a) administering first aid and/or (b) securing medical attention. I therefore authorize Culver Community Youth Center Foundation, Inc. dba Culver Youth Club and its agents and employees to render such first aid and/or seek such emergency medical attention and authorize any physician (including, but not limited to, (including, but not limited to, St. Joseph's Medical Center or hospital (including, but not limited to, St. Joseph's Medical Center) selected by the Club to render such emergency services.

I have read and understand the Medical Authorization. Yes

Image/name Use: I agree to allow my children's image and name to be used for publicity purposes by CYC Yes No

Technology Use: I give permission for my children to use computers/technology while at any of CYC's facilities/programs Yes No

Safe Good-By Policy

An authorized adult with photo ID must sign-out members when using Club. If your child is signing-out to club, Culver Youth Club operates under the Safe Good-By Policy. For members under the age of 12, a parent, guardian or other pre-authorized adult must retrieve the member from the Club. Members age 12 and older may leave the Club unescorted with written permission from a parent or guardian. Members 12 and older may also escort other members of their household from the Club. No member, regardless of age, will be allowed to return to the Club once they leave the premises for the day. The Club will not physically restrain a member that insists on leaving the Club, nor block the facility's exits. Therefore, it is each parent's responsibility to discuss the Club's Safe Good-By Policy with his or her child and ensure that he or she complies. The Club will not accept responsibility for members that leave the Club unsupervised and in breach of this policy. The Club does, however, reserve the right to discipline members that leave unescorted without written permission, up to and including suspension and termination of membership.

Authorization to Leave Premises Unescorted

My child(ren) 12 years or older has my permission to check him/herself out of the Club. Yes No
Children under 12 years old may leave the Club with a relative so long as the relative is 12 years or older. My child is younger than 12 years old, but has my permission to leave the Club with _____ Age: _____ Relationship: Brother Sister Other relative _____

I have read and understand the Safe Passage Policy as described above Yes

Member #1

Member #1 Last Name: _____ **Member #1** First Name: _____

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: _____

Any other information we should know about your child: _____

Medications: Please list name of medication – dosage – frequency (If you need a Culver Youth Club Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). _____

Member #2

Member #2 Last Name: _____ **Member #2** First Name: _____

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: _____

Any other information we should know about your child: _____

Medications: Please list name of medication – dosage – frequency (If you need a Culver Youth Club Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). _____

Member #3

Member #3 Last Name: _____ **Member #3** First Name: _____

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: _____

Any other information we should know about your child: _____

Medications: Please list name of medication – dosage – frequency (If you need a Culver Youth Club Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). _____

Member #4

Member #4 Last Name: _____ **Member #4** First Name: _____

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: _____

Any other information we should know about your child: _____

Medications: Please list name of medication – dosage – frequency (If you need a Culver Youth Club Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). _____

Household Information

Member's Live with: Biological Mother & Father Mother only Father Only Mother & Stepfather Father & Stepmother Other: _____

Male Head of Household Information: Father Stepfather Other: _____

First Name: _____ Last Name: _____ Cell Phone #: _____

Employer: _____ Dept.: _____ Work phone #'s: _____

Person at work who will know how to contact you: _____ Phone #'s: _____

Email (If different from household email): _____

Is this person authorized to pick up the member's list on this form: Yes or No

If the male head of household is the biological father of the child, we must have a court order stating any restrictions.

Female Head of Household Information: Mother Stepmother Other: _____

First Name: _____ Last Name: _____ Cell Phone #: _____

Employer: _____ Dept.: _____ Work phone #'s: _____

Person at work who will know how to contact you: _____ Phone #'s: _____

Email (If different from household email): _____

Is this person authorized to pick up the member's list on this form: Yes or No

If the female head of household is the biological mother of the child, we must have a court order stating any restrictions.


Has any Parent served in the Military? Yes No If Yes: Parent Name: _____ Branch: _____

A large portion of our funding is dependent on receiving grants. Please help us to secure this funding in the future by answering question about your finances. It is Mandatory to complete the financial information if you receive scholarship aid. All information is strictly confidential.

Annual Household Income: ___ \$0 - \$5,000 ___ \$5,001 - \$12,000 ___ \$12,001 - \$22,000 ___ \$22,001 - \$32,000 ___ \$32,001 - \$40,000 ___ \$40,001+

Does your family receive any form of public assistance? ___ TANF (Temporary Aid to Needy Families) ___ Food Stamps ___ Medicaid
___ Hoosier Healthwise ___ Child Care Vouchers ___ WIC (Women, Infants and Children) ___ HUD (Reside in Public Housing)
___ Other (Please Specify): _____

How will your child(ren) be getting home?

___ Shuttle Bus (please fill in Shuttle Bus stop info) 
___ Parent Pickup
___ Walker

Shuttle Bus Stop* (please check one)

___ Bass Lake Pub
___ Monterey School
___ Delong Store
___ Leiters Ford

*Drop off times will vary based on season. Please ask our staff for more information.

Parent Signature

I hereby approve my child(ren) application for membership in Culver Youth Club. I will notify the Club of any changes in address and all telephone numbers listed on the membership application.

Staff witness (Year One)

Parent/Guardian Signature

Date

Staff witness (Year Two)

Parent/Guardian Signature

Date

6/1/22



To Whom it May Concern,

I, _____, give my child _____

_____ permission to ride the bus to and from any and all summer

field trips taken during summer Kidscamp at Culver Youth Club during the 2022 summer.

Signature: _____ Date: _____



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Relationship: Brother Sister Other relative

Parent/Guardian Request for Exception

While I understand the need for the Safe Passage Policy, I am requesting an exception for the following Club member(s) that are under the age of 12:

Child(ren)'s Name(s): _____

The reason I am requesting this exception is:

___ We live very near the Club, and I wish for my child to walk or ride his/her bike home.

___ Other reason: _____

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____

(Staff use only)

Request for exception

___ Approved

___ Denied

(Reason for denial): _____