

Date Received: _____ Staff Member Entering: _____ ID: _____ Fee Type: _____



Youth Membership Application

Empowering youth to become responsible productive citizens in their communities through education, workshops, and community service.

First Name: _____ Last Name: _____ Female Male

Home Address: _____ Date of Birth: _____
Street Apt. City Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Ethnicity (select all that apply): Asian Black Native American Native Hawaiian White Are you of Hispanic or Latino origin? Yes No

School: _____ Grade: _____
Type of School: Public Charter Private/Parochial Homeschool

Child lives with (select all that apply): Both Parents Mother Only Father Only Aunt/Uncle Sister/Brother Stepparent
 Grandparent Foster Parent Guardian Other: _____

Medical Information

Health Insurance Company: _____ Hospital Name: _____

Do you have any medical conditions or allergies? No Yes. If yes, please select type/s and describe them below:

Allergies Asthma Physical Restrictions Medications Other: _____

Description: _____

Is there any additional information we should know about this/you? No Yes: _____

Parent/Guardian Contact Information (These two contacts are authorized to pick up youth from Men & Women of Character, Orgs. Meetings, events, etc.)

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Home Address: _____ Home Address: _____
Street Apt. City/Neighborhood Zip Code Street Apt. City/Neighborhood Zip Code

Home: _____ Work: _____ Cell: _____ Home: _____ Work: _____ Cell: _____

Emergency Contact Information Please specify two people (other than a parent or guardian for youth) who can be contacted in case of emergency. (These two contacts are authorized to pick-up youth family members Men & Women of Character, Orgs. meetings and events.)

Primary Contact Name: _____ Secondary Contact Name: _____

Home Address: _____ Home Address: _____
Street Apt. City/Neighborhood Zip Code Street Apt. City/Neighborhood Zip Code

Home: _____ Work: _____ Cell: _____ Home: _____ Work: _____ Cell: _____

Consent

I have read and understood the MWCORG Code of Conduct and the MWCORG Meeting Rules and Regulations. I agree that I will act in accordance with the MWCORG Code of Conduct and abide by MWCORG's Rules and Regulations.

The application is factual and complete to the best of my ability.

I hereby waive and release all rights, causes of action, and claims for damages I may have against Men & Women of Character, Org. (MWCORG), and any and all other associated individuals or organizations, for any and all personal injuries or property damage resulting from my participation in MWCORG Programs.

I, the undersigned parent or guardian of [_____] a minor, hereby consent to his/her MWCORG membership and waive and release any and all rights, causes of action and claims for damages I may have against MWCORG, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the organization.

I give consent for me/my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse, or physician. Any follow-up medical attention may be given at a local hospital and transportation to a Trenton, NJ hospital is authorized

I understand that transportation is not provided, and it is my responsibility to arrange transportation to and from MWCORG meetings and events. Failure to comply with these rules and expectations can lead to termination of membership.

Signature of Member

Date

Signature of Parent or Guardian of Minor Child

Date