



MEMBERSHIP APPLICATION

Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral	Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native
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Phone number:	D.O.B.:	Email:
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Physical address:		Mailing address:		
City:	State:	ZIP Code:		
Yearly Family Income - (Optional, for grant purposes): <input type="checkbox"/> \$0 to \$10k <input type="checkbox"/> \$10,001 to \$20,000 <input type="checkbox"/> \$20,001 to \$30,000 <input type="checkbox"/> \$30,001 to \$40,000 <input type="checkbox"/> \$40,001 to \$50,000 <input type="checkbox"/> \$50,001 to \$60,000 <input type="checkbox"/> >\$60,001 <input type="checkbox"/> Undisclosed		# In Household:	School:	Grade:

PARENT INFORMATION

Father's Name:	Mother's Name:
Lives With: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives With: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Phone:
Employer:	Employer:
Work Phone:	Work Phone:

EMERGENCY/OTHER CONTACT

Name:	
Phone:	Relationship to teen:

AUTHORIZED PICK-UP

If you would like to authorize another adult or older sibling to pick up your teen from any WACP Youth Program activity, please provide their information below.

Name:	
Phone Number:	Relationship to teen:

MEDICAL INFORMATION

Teen has medical insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Company:	Policy Number:
Primary Physician:	Physician's Phone Number:
Known Allergies:	Medical Conditions/Disabilities:
Medications:	

SIGNATURES

By signing below, the parent acknowledges that to their knowledge, the above information is accurate. In addition, this signature gives express permission for the use of their child's comments and photos of their child for grant reporting, media (including newspaper, television, and print for advertisement) and any other promotional activities. This signature also gives permission to youth program staff to allow their child to be interviewed by media staff while checked into the center. If you DO NOT want your child's photo or comments to be used, you MUST notify the program director in writing.

Signature of teen:	Date:
Signature of parent:	Date: