

Dear Students,
Please complete **ALL** sections, even if you have already
completed the boys and Girls Club section before.

ALL sections need to be completed
for our records.

Please **complete** and **sign ALL** forms
and return to Dean Omori.

Thank you.



FOMT Sponsored Sharks Athletics Program



The thriving MT Sharks athletics program is **funded solely by donations to FOMT** and is run by volunteer parents, teachers, community members. The money raised by FOMT covers the costs of uniforms, equipment, FIYA league entry fees, insurance and stipends, while our volunteer coaches provide the time and guidance needed to help our student athletes succeed.

We currently sponsor the following competitive sports teams at Mark Twain: basketball, cross country, flag football, soccer, tennis, track & field and volleyball.

Please consider donating any amount (big or small) to this popular program so even more opportunities will be available to our student athletes.

Thank you.

FOMT
FRIENDS OF MARK TWAIN

www.fomtms.org





Mark Twain Middle School
Fall Sports Academic Contract 2023-2024

Student's Full Name: _____ **Grade:** _____

(Please Print Neatly)

Parent/Guardian's Full Name: _____

(Please Print Neatly)

Congratulations on making one of the Mark Twain Fall Sports teams (Girls Volleyball, Flag Football, Boys and Girls Cross-Country) for the 2023-2024 season. This contract outlines the academic requirements for participation on these teams at Mark Twain Middle School during the fall season running from September 18, 2023 to November 17, 2023 (which includes FIYA playoffs). Both the student-athlete and the parent/guardian are expected to read and understand the terms outlined below before signing.

Academic Eligibility Requirement:

It is understood that the student-athlete must attain a minimum Grade Point Average (GPA) of 2.0 on the 10-week report card to continue to participate in their fall sport season. The 10-week grading window for the Fall semester falls on Friday, October 13, 2023. If the student athlete's GPA falls below a 2.0 GPA on the 10-week report card, they will become immediately ineligible to participate in the remainder of the fall sport season, effective immediately.

Responsibility of the Student-Athlete:

1. The student-athlete commits to putting forth their best effort both on and off the field, striving for academic excellence.

Responsibility of the Parent/Guardian:

1. The parent/guardian acknowledges the academic eligibility requirements and its significance for the student-athlete's overall development.
2. The parent/guardian agrees to monitor the student-athlete's academic progress and offer support when needed.

Consequences of Ineligibility:

If the student-athlete's GPA falls below a 2.0 on the 10-week report card, they will be deemed ineligible to participate in the fall sport team for the remainder of the season. Ineligibility will take effect immediately upon the release of the 10-week report card on October 13, 2023.

By signing below, we acknowledge that we have read, understand, and agree to the terms outlined in this contract.

Student Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Please return this signed contract to Dean Omori (Athletic Director) before Friday, September 15, 2023. Failure to submit a signed contract by this date may result in the student-athlete's inability to participate on the Fall Sports team (Girls Volleyball, Flag Football, Boys and Girls Cross-Country).



Waiver of Liability and Hold Harmless Agreement

Parent Consent to Participate

IN CONSIDERATION OF _____, my child/athlete,
Name Of Minor Child/Athlete

I hereby give my consent for my child to participate and compete in FRIENDS OF MARK TWAIN MIDDLE SCHOOL ("FOMT") SPORTS related teams, events, and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

Waiver

For Myself, Spouse, and Child, I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring from my child's participation arising as a result of engaging or receiving instruction in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will I or my heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Friends of Mark Twain Middle School or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

It is the intention of the undersigned, by this instrument, to exempt and relieve FOMT from liability for personal injury, property damage or wrongful death caused by negligence, to the fullest extent permitted by law.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the FOMT, he/she shall indemnify and shall hold harmless the same from any and claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

I hereby grant permission for my child to travel to and/or from FOMT sport teams, events and/or activities in a privately owned vehicle or vehicles not owned or operated by Los Angeles Unified School District.

I, For Myself, Spouse, and Child/Athlete acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, and that I hereby expressly waive and release FOMT from liability resulting from potential injuries incidental to engaging in the activity and is fully aware of the legal consequences of signing this instrument.

Parent/Guardian Signature: _____ Date: _____

Code of Conduct for Student-Athletes

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This Code applies to all student-athletes involved in interscholastic sports at Mark Twain Middle School. I understand that, in order to participate in middle school athletics, I must act in accord with the following:

TRUSTWORTHINESS

- Trustworthiness — be worthy of trust in all I do! Integrity — live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly!
- Honesty — live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct!
- Reliability — fulfill commitments; do what I say I will do; be on time to practices and games!
- Loyalty — be loyal to my school and team; put the team above personal glory.

RESPECT

- Respect — treat all people with respect all the time and require the same of other student-athletes.
- Class — live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
- Disrespectful Conduct — don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- Respect Officials — treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

- Importance of Education — be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.

- Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct myself as a positive role model.

Suspension or termination of the participation privilege is within the sole discretion of the school administration.

- Self-Control — exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
- Healthy Lifestyle — safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs.
- Integrity of the Game — protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

- Be Fair — live up to high standards of fair play; be openminded; always be willing to listen and learn. CARING
- Concern for Others — demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
- Teammates — help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

- Play by the Rules — maintain a thorough knowledge of and abide by all applicable game and competition rules.
- Spirit of rules — honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.
- I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Student -Athlete Signature and

Date _____

WAIVER OF LIABILITY AND STATEMENT OF UNDERSTANDING AND RELEASE (Waiver/Release)

School Name: _____

I am the Participant, or parent or legal guardian of each minor child ("Participant") identified on this form. Each Participant on this Waiver/Release is participating in an athletic activity sponsored by the above-identified school, voluntarily and at our own risk, and understand and agree to the following:

COVID-19 is a virus with no known cure or vaccine, and is highly contagious. Los Angeles Unified School District (LAUSD) is undertaking efforts to protect participants in athletic activities, including COVID-19 testing, social distancing measures, and sanitization of school facilities to minimize the risk of exposure to and transmission of COVID-19, but cannot guarantee that those efforts will prevent the transmission of COVID-19 while on campus and/or participating in school-sponsored athletic activities. LAUSD is allowing such athletic activities to proceed in recognition that such activities can promote and enhance the mental and physical health and well-being of its students, but encourages students and parents to seriously consider the potential risks of such participation as a result of COVID-19.

I/We can be exposed to or contract COVID-19 while on campus and/or participating in school-sponsored athletic activities. I have read and understood the above warning concerning COVID-19. I/We choose to accept and assume the risk of contracting COVID-19 to participate in school-sponsored athletic activities. These athletic activities are of such value to me that I accept and assume the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in these activities. I/We understand that if I/We are not comfortable or cannot agree to execute this Waiver/Release then I/We may not participate in school-sponsored athletic activities.

I/We hereby expressly waive, and release LAUSD, the Board of Education of LAUSD, and its members, employees and agents, from any and all rights, claims, lawsuits or damages of any nature whatsoever arising directly or indirectly from COVID-19 infection or transmission related to my participation in a school-sponsored athletic activities. I understand that this waiver means I give up my right to bring any claims, including for personal injuries, death, disease, or any other loss, including but not limited to claims of negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen. I understand and agree that this waiver and release is intended to be interpreted broadly in favor of LAUSD.

Also, this Waiver/Release shall apply to any and all school-sponsored athletic activities occurring from the date below until June 30, 2021, or revoked in writing by Participant, whichever date is earlier. Revocation of this Waiver/Release shall not affect any rights of LAUSD et al. with respect to athletic activities occurring prior to such revocation or termination and is intended to survive revocation or termination of this Waiver/Release.

I/We attest that I/We are 18 years or older and if any minor child is identified on this form, that I/We are the parent or legal guardian of such minor child.

Signature: _____
Print Name: _____

Date: _____

This form is provided on behalf of:

[] The minor children identified as:

Print Name: _____
Print Name: _____
Print Name: _____
Print Name: _____

RENUNCIA DE RESPONSABILIDAD Y DECLARACIÓN DE ENTENDIMIENTO Y LIBERACIÓN
(Renuncia/Liberación)

Nombre de la escuela: _____

Soy el participante, padre o tutor legal de cada niño menor ("participante") identificado en este formulario. Cada participante en esta Renuncia/Liberación está participando en una actividad atlética patrocinada por la escuela identificada arriba, voluntariamente y bajo su propio riesgo, y entiende y acepta lo siguiente:

El COVID-19 es un virus sin cura conocida ni vacuna, y es sumamente contagioso. El Distrito Escolar Unificado de Los Ángeles (LAUSD) está realizando esfuerzos para proteger a quienes participen en actividades atléticas, incluyendo pruebas de COVID-19, medidas de distanciamiento social, y desinfección de las instalaciones escolares para minimizar el riesgo de exposición y transmisión de COVID-19, pero no puede garantizar que esos esfuerzos impidan la transmisión del COVID-19 al estar en el plantel y/o participar en actividades atléticas patrocinadas por la escuela. LAUSD está permitiendo que tales actividades atléticas se realicen en reconocimiento de que tales actividades pueden promover y mejorar la salud mental y física, y el bienestar de sus estudiantes, pero alentamos a los estudiantes y padres a considerar seriamente los riesgos potenciales de tal participación a resultado del COVID-19.

Yo/nosotros podríamos estar expuestos o contraer COVID-19 mientras estemos en el plantel y/o participando en actividades atléticas patrocinadas por la escuela. Leí y comprendo la advertencia anterior sobre el COVID-19. Yo/nosotros elegimos aceptar y asumir el riesgo de contraer COVID-19, a fin de participar en actividades atléticas patrocinadas por la escuela. Estas actividades atléticas son de tal valor para mí que acepto y asumo el riesgo de estar expuesto a, contraer y/o propagar el COVID-19 para participar en estas actividades. Yo/nosotros entendemos que si no estamos cómodos o no podemos estar de acuerdo en ejecutar esta Renuncia/Liberación entonces no podremos participar en las actividades atléticas patrocinadas por la escuela.

Por medio de la presente, renunciamos expresamente, y liberamos a LAUSD, a la Junta de Educación de LAUSD, y a sus miembros, empleados y agentes, de cualquier y todo derecho, reclamo, demanda o daños de cualquier naturaleza que surjan directa o indirectamente de la infección o transmisión de COVID-19 relacionada con mi participación en las actividades atléticas patrocinadas por la escuela. Entiendo que esta renuncia significa que renuncio a mi derecho de presentar cualquier reclamo, incluyendo lesiones personales, muerte, enfermedad o cualquier otra pérdida, incluyendo, sin limitarse a, reclamos por negligencia, y renuncio a cualquier reclamo por daños, ya sean conocidos o desconocidos, previstos o imprevistos. Entiendo y estoy de acuerdo en que esta renuncia y liberación tiene la intención de ser interpretada ampliamente a favor del LAUSD.

Además, esta Renuncia/Liberación se aplicará a todas y cada una de las actividades atléticas patrocinadas por la escuela que ocurran desde la fecha siguiente hasta el 30 de junio de 2021, o hasta la revocación del participante por escrito, si ésta fuese anterior. La revocación de esta Renuncia/Liberación no afectará ningún derecho de LAUSD, et al. con respecto a las actividades atléticas que ocurran antes de dicha revocación o finalización, y se mantendrán los derechos en vigor tras la revocación o finalización de esta Renuncia/Liberación.

Yo/nosotros damos fe que yo/nosotros tenemos 18 años o más y si cualquier niño menor es identificado en este formulario, que yo/nosotros somos el padre o guardián legal de tal niño menor.

Firma: _____ Fecha: _____

Nombre del padre o estudiante mayor de 18 años: _____

Este formulario se proporciona a nombre de:
[] los niños menores identificados como:

Nombre con letra de molde _____
Nombre con letra de molde _____
Nombre con letra de molde _____



Los Angeles Unified School District
 BEYOND THE BELL BRANCH
 BEFORE AND AFTER SCHOOL PROGRAM
 APPLICATION/AGREEMENT

For Staff Use Only

DISTRICT ID NUMBER									

SCHOOL YEAR									

SCHOOL OF ATTENDANCE: Mark Twain Middle School

Program Applying for: (Only check one)			
BEFORE-SCHOOL	AFTER-SCHOOL		OTHER PROGRAMS
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (ASES/21 st CCLC/ASSETS) Name of Program <u>Girls Volleyball</u>	Name of Program _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT (Student)

PRINT NAME CLEARLY	FIRST	M.I.	LAST	DATE OF BIRTH	MONTH	DAY	YEAR	GRADE
_____				_____		_____		_____
STREET ADDRESS				APT #	CITY			ZIP CODE
_____				_____	_____			_____

PARENT(S)/GUARDIAN(S)

PARENT'S/GUARDIAN'S NAME		PARENT'S/GUARDIAN'S NAME	
PRINT NAME:	FIRST M.I. LAST	PRINT NAME:	FIRST M.I. LAST
_____	_____	_____	_____
PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)	PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)
_____	_____	_____	_____

EMERGENCY CONTACT/RELEASE INFORMATION (provide a minimum of two contacts)

#1: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#2: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#3: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)

- I/We authorize the Beyond the Bell Before/After-School Program (BASP) to contact, and if necessary, release my child to any of the above individuals listed as an Emergency Contact/Release Information. The above listed individuals must be 18 years or older.
- I/We give my permission for my child to be filmed or photographed. I understand that all film or photos are the sole property of the BASP, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for the BASP.
- I/We hereby consent to the disclosure of personally identifiable information from my child's education records under the Family Educational Rights and Privacy Act and allow for the Los Angeles Unified School District to disclose such information only to the extent and for the duration necessary for my child to participate in BASP programs.
- The After School Education and Safety (ASES) Program Act of 2002, enacted by initiative statute, establishes the After School Education and Safety Program to serve pupils in kindergarten and grades 1 to 9, inclusive, at participating public elementary, middle, junior high, and charter schools. The act gives priority enrollment in after school programs and before school programs to pupils in middle school or junior high school who attend daily. Pupils who are identified by the program as homeless youth or as being in foster care will be given first priority. Parents/guardians may indicate this information below:
 Pupil designation (please check if applicable): Homeless Youth Foster Care
- Does your child have any physical, emotional, and/or learning difficulties? If so, please specify: _____
- _____
- _____
- Does your child have any food allergies? If so, please specify: _____
- _____
- _____

ACKNOWLEDGEMENT

PARENT'S/GUARDIAN'S NAME (PRINT)	PARENT'S/GUARDIAN'S SIGNATURE	DATE
PARENT'S/GUARDIAN'S NAME (PRINT)	PARENT'S/GUARDIAN'S SIGNATURE	DATE
SITE COORDINATOR'S NAME (PRINT)	SITE COORDINATOR'S SIGNATURE	DATE



Los Angeles Unified School District
 BEYOND THE BELL BRANCH
 PROGRAMA DE ANTES Y DESPUÉS DEL HORARIO ESCOLAR
 APLICACIÓN/ACUERDO

Para uso del personal solamente

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DISTRICT ID NUMBER

SCHOOL YEAR

ESCUELA DE ASISTENCIA: Mark Twain Middle School

Programa al que aplica: (Marque sólo uno)			OTROS PROGRAMAS
ANTES DEL HORARIO ESCOLAR	DESPUÉS DEL HORARIO ESCOLAR		Nombre del programa
Ready-Set-Go! (RSG)	Youth Services	Programa Subvencionado (ASES/21 st CCLC/ASSETs) Nombre del programa <u>Girls Volleyball</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASPIRANTE (Estudiante)

IMPRIMA NOMBRE CLARAMENTE _____ NOMBRE APELLIDO _____

FECHA DE NACIMIENTO MES DIA AÑO _____ GRADO _____

DOMICILIO: NUMERO Y CALLE _____ APTO # _____ CIUDAD _____ CÓDIGO POSTAL _____

PADRE(S)/TUTOR(S)

PADRE O MADRE/TUTOR		PADRE O MADRE/TUTOR	
IMPRIMA NOMBRE: _____	NOMBRE APELLIDO _____	IMPRIMA NOMBRE: _____	NOMBRE APELLIDO _____
TELÉFONO (GENERAL) _____	TELÉFONO (OTRO) _____	TELÉFONO (GENERAL) _____	TELÉFONO (OTRO) _____

CONTACTOS DE EMERGENCIA/INFORMACIÓN DE ENTREGA DEL ESTUDIANTE (proporcione un mínimo de dos contactos)

#1: PARENTESCO	NOMBRE (PRIMER APELLIDO)	TELÉFONO(S)	DOMICILIO (CALLE, CIUDAD, CÓDIGO POSTAL)
#2: PARENTESCO	NOMBRE (PRIMER APELLIDO)	TELÉFONO(S)	DOMICILIO (CALLE, CIUDAD, CÓDIGO POSTAL)
#3: PARENTESCO	NOMBRE (PRIMER APELLIDO)	TELÉFONO(S)	DOMICILIO (CALLE, CIUDAD, CÓDIGO POSTAL)

Yo/Nosotros autorizamos al Programa de Antes/Después del horario escolar de Beyond the Bell (BASP por sus siglas en inglés) a ponerse en contacto, y en caso necesario, a dejar salir a mi hijo/a con cualquiera de los individuos enumerados en la sección Información de Contacto en Caso de Emergencia/Permiso de Salida. Los individuos enumerados arriba deben ser mayores de 18 años.

Yo/Nosotros damos permiso para que mi hijo/a pueda ser fotografiado o grabado. Entiendo que todas las películas o fotos son propiedad única de BASP, y que pueden ser usadas para exhibiciones al público, para dar publicidad al programa, o para materiales impresos publicados por y para BASP.

Yo/Nosotros por la presente damos nuestro consentimiento a revelar información personal e identificable del expediente académico de mi hijo/a bajo la Ley de Privacidad y Derechos Educativos de la Familia (FERPA por sus siglas en inglés) y autorizo al Distrito Escolar Unificado de Los Angeles a revelar dicha información sólo con el propósito y duración necesarios para que mi hijo/a participe en los programas BASP.

La ley del Programa Educativo y de Seguridad Post Jornada Escolar (ASES, siglas en inglés) del 2002, promulgado por iniciativa estatutaria, establece el Programa Educativo y de Seguridad Post Jornada Escolar para ofrecer servicios a estudiantes en kínder y grado 1 al 9, todos incluidos, en escuelas públicas primarias, secundarias, preparatorias y semiautónomas (chárter). La ley otorga prioridad para matricular en programas antes y después de clases a los estudiantes en secundaria o preparatoria que asistan diariamente. Los educandos identificados por el programa como jóvenes indigentes o en hogares de crianza recibirán prioridad. Los padres o tutores pueden asentar esta información en la siguiente línea.

Designación del estudiante (por favor marque lo procedente): Jóvenes Indigentes Jóvenes en Hogares de Crianza

¿Tiene su hijo/a dificultades físicas, emocionales, y/o de aprendizaje? En caso afirmativo, favor de especificar: _____

¿Tiene su hijo/a alergias a algún tipo de comida? En caso afirmativo, favor de especificar: _____

RECONOCIMIENTO

_____ NOMBRE DE PADRE O MADRE/TUTOR (IMPRIMA)	_____ FIRMA DE PADRE O MADRE/TUTOR	_____ FECHA
_____ NOMBRE DE PADRE O MADRE/TUTOR (IMPRIMA)	_____ FIRMA DE PADRE O MADRE/TUTOR	_____ FECHA
_____ NOMBRE DE COORDINADOR (IMPRIMA)	_____ FIRMA DE COORDINADOR	_____ FECHA

GREAT FUTURES START HERE.

MEMBERSHIP APPLICATION

Boys & Girls Clubs of Venice
2232 Lincoln Blvd., Venice, CA
90291
310-390-4477
www.bgcv.org



PLEASE FILL THE APPROPRIATE INFORMATION FOR THE SCHOOL YEAR

MEMBER INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

BIRTH DATE: _____ GENDER: MALE FEMALE SCHOOL: _____

SCHOOL DISTRICT: LAUSD OTHER: _____

GRADE 2021 - 2022 SCHOOL YEAR: _____ **NOTE: GRADE CHILD WILL BE ENTERING** T-SHIRT SIZE: _____

QUALIFIES FOR FREE/REDUCED LUNCH: YES No

ETHNICITY: AFRICAN AMERICAN ASIAN CAUCASIAN HISPANIC MULTI-RACIAL PACIFIC ISLANDER
NATIVE AMERICAN OTHER

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

LIVES WITH: MOTHER FATHER BOTH OTHER: _____

IS MEMBER CHILD OF MILITARY PARENT: YES No IF YES, DOES MEMBER LIVE ON MILITARY BASE? YES No

DOES THE MEMBER HAVE ANY PHYSICAL, EMOTIONAL, OR OTHER LIMITATIONS THAT MIGHT IMPACT THE MEMBERS'S USE OF THE CLUB OR RECEIPT OF EMERGENCY MEDICAL TREATMENT OR ABOUT WHICH THE CLUB OTHERWISE SHOULD BE AWARE? YES No

IF YES, PLEASE EXPLAIN: _____

LIST MEDICATION TAKEN REGULARLY: _____

LIST ANY ALLERGIES: _____

PRIMARY PARENT/GUARDIAN INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

ADDRESS: SAME AS ABOVE NEW

STREET: _____ CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

HOUSEHOLD INCOME: LESS THAN 30k 30k - 50k 51k - 75k 76k - 100k OVER 100k DECLINE TO STATE

EMAIL ADDRESS: _____

OTHER PARENT/GUARDIAN INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

ADDRESS: SAME AS ABOVE NEW

STREET: _____ CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ADDITIONAL CONTACTS

FIRST NAME: _____ LAST NAME: _____

PRIMARY PHONE NUMBER: _____ SECONDARY PHONE NUMBER: _____

STATUS: EMERGENCY CONTACT ACCEPTABLE PICKUP BOTH RELATION: RELATIVE ACQUAINTANCE

FIRST NAME: _____ LAST NAME: _____

PRIMARY PHONE NUMBER: _____ SECONDARY PHONE NUMBER: _____

STATUS: EMERGENCY CONTACT ACCEPTABLE PICKUP BOTH RELATION: RELATIVE ACQUAINTANCE