

# "THE ZONE" MEMBERSHIP FORM

Children and Youth Resources  
1050 Lashley Street, Longmont, CO 80501  
Phone: (303) 651-8580



## Information about the Youth (Please Print)

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Name of Person Member Lives With: <input type="text"/>	Home Phone Number: <input type="text"/>	Name of Emergency Contact: <input type="text"/>
Home Address: <input type="text"/>	Emergency Phone: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/>	Postal Code: <input type="text"/>
		Email Address: <input type="text"/>

## Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: <input type="text"/>	Age: <input type="text"/>	Ethnicity (Please check one):
School: <input type="text"/>	Grade: <input type="text"/>	<input type="checkbox"/> African American/Black <input type="checkbox"/> Bi-racial/Mixed Race <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Unkown <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American	
Family Totals- Sisters: <input type="text"/>		Brothers: <input type="text"/>	
Who does your child live with? (Please check one):			
<input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Step Mother			
<input type="checkbox"/> Mother Only <input type="checkbox"/> Grandmother <input type="checkbox"/> Step Dad <input type="checkbox"/> Other			
<input type="checkbox"/> Father Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Aunt/Uncle			

I understand that by completing this form and turning it in, I am agreeing to the following:

- I will attend the Center willingly and follow the rules and expectations.
- I will try new things and enjoy new activities.
- I will respect people, property and myself.
- I will give new ideas and share my thoughts.
- I will have some fun.

x \_\_\_\_\_ Date \_\_\_\_\_  
Youth Signature

YOUTH NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### Information about the Parent/Guardian

<b>Father's First Name:</b> _____	<b>Father's Last Name:</b> _____	<b>Father's Work Phone &amp; Ext:</b> _____
<b>Father's Employer:</b> _____	<b>Father's Occupation:</b> _____	
<b>Mother's First Name:</b> _____	<b>Mother's Last Name:</b> _____	<b>Mother's Work Phone &amp; Ext:</b> _____
<b>Mother's Employer:</b> _____	<b>Mother's Occupation:</b> _____	
<b>Guardian's First Name:</b> _____	<b>Guardian's Last Name:</b> _____	<b>Guardian's Work Phone &amp; Ext:</b> _____
<b>Guardian's Employer:</b> _____	<b>Guardian's Occupation:</b> _____	

### Medical/Emergency

<b>Medical Problems/Allergies:</b> _____	<b>Medications:</b> _____
<b>Name of your Doctor:</b> _____	<b>Doctor Phone:</b> _____
<b>Insurance Company:</b> _____	<b>Insurance Policy Number:</b> _____
	<b>Can Member swim?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

### Pick up Information

<b>Names of <u>two</u> Persons Authorized to pick up Member.</b>	
<b>1.) First Name:</b> _____	<b>Last Name:</b> _____
<b>2.) First Name:</b> _____	<b>Last Name:</b> _____
<b>Persons Not Authorized:</b> _____	_____

The Youth Center will at times take youth on field trips. In-town field trips (to locations such as the Recreation Center and Sunset Pool) will be taken without a consent form, while trips out of town will require filling out an additional consent form. **Please inform staff if you do not want your child to be allowed on in-town field trips.**

**MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN PROGRAMS SPONSORED BY THE CITY OF LONGMONT**

I understand that there are certain risks involved with participating in the City of Longmont activity identified above. On behalf of my minor child identified above, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from an incident which may occur to my minor child as a result of my minor child's participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:**

I furthermore give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of whom is listed above. I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the City of Longmont will exercise reasonable judgment in seeking medical treatment for my child. The City of Longmont may contact the following health care provider for medical treatment or other health care providers if the health care provider listed below is not available.

Name of Physician or Health Care Provider

Name of Physician or Health Care Provider	
Address	Phone

**PHOTOGRAPH RELEASE:**

To more effectively promote programs and activities sponsored by the City of Longmont, the City of Longmont seeks the permission of program and activity participants to photograph their child(ren) participating in City of Longmont programs and activities. I permit the City of Longmont to take and use photographs of my child(ren) for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of my child(ren) for such purpose. I understand that such photographs of my child(ren) remain the property of the City of Longmont.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_