



# Birdsboro Community

201 East Main Street\*Birdsboro, PA 19508\*610-582-2471

## 2020 Youth Membership Application

6 month membership - \$35

Yearly membership - \$50

A youth membership grants access to the upstairs gymnasium, game room, and outdoor court during working hours. (Ages 14 and 15 must be accompanied by an adult member in the fitness center. Ages 13 and under cannot use the fitness center.)

\*All members will **not** pay registration fees for programs provided by BCMC\*

\*Discounted pricing on programming\*

\*Discounted pricing on rentals\*

Member name: \_\_\_\_\_

Age: \_\_\_\_\_ date of birth: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Primary Contact:

Name: \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

IS it okay to contact you by email with upcoming events/news: Yes / No

**Medical Information:**

Doctor: \_\_\_\_\_ Last exam date: \_\_\_\_\_

Phone: \_\_\_\_\_

In the event I cannot be contacted, I give the Birdsboro Community Memorial Center permission to obtain emergency medical care for my child at the nearest hospital

Initial: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_

Does the member have any special needs/health issues (include allergies):

\_\_\_\_\_

Any Medications: \_\_\_\_\_

Is there a restraining order against any individual preventing contact with his member? Yes / No

Note: You must provide legal Documentation if choosing "Yes"

I hereby give permission and consent for my child to participate in any and all activities, programs and field trips organized or sponsored by the BCMC. I understand that all safety precautions will be taken and I will not hold the BCMC, it's staff, volunteers, or officials legally liable for any damage suffered by my child including any personal injury, bodily injury, including dental, which arises out of my child's participating in its activity, program, or field trip.

Initials: \_\_\_\_\_

I grant permission for BCMC to take and use photographs, slides and videotapes of the applicants needed for program documentation, program development and public relations.

Initials: \_\_\_\_\_

I agree to pick up my child on time and understand that failure to do so will result in an additional fee of \$10.00/30minutes, beginning 15 minutes after conclusion of the program.

Initials: \_\_\_\_\_

I agree to read the membership rules and regulations of each program and review them with my child.

Initials: \_\_\_\_\_

I understand that BCMC operates an open door policy in which youth 10 and older are allowed to go in and out of the Center on their own.

Initials: \_\_\_\_\_

I agree to release school records (IEP, 405 Plan, Report Cards and Attendance Records) from my Childs school district, if it helps BCMC staff with programing.

Initials: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Member signature