

# **Birdsboro Community Memorial Center**

## **Youth Activity Membership Ages 3-18**

**6 month \$40 ~ 1 year \$70**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

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

### **Primary Contact Information:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### **Secondary Contact Information:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### **Medical Information:**

Does your child have any special needs, health issues, allergies or medications that need to be administered?

If yes, please describe: \_\_\_\_\_

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In the event a parent or guardian can not be reached, I give the Birdsboro Community Center permission to obtain emergency medical care for my child at the nearest hospital. Initial: \_\_\_\_\_

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

### **Permissions:**

I hereby give permission and consent for my child to participate in all activities provided by Birdsboro Community Memorial Center. I understand that all safety precautions will be taken, and I will not hold Birdsboro Community Memorial Center, its staff, volunteers, or officials legally liable for any damage suffered by my child including personal injury, bodily injury, including dental, which arises out of my child's participating in its activity, program or field trip. Initial: \_\_\_\_\_

I grant permission for BCMC to take and use photographs, or videos of my child for public relations, including social media platforms, program development and program documentation. Initial: \_\_\_\_\_

I agree to pick up my child on time from all programs at BCMC and understand that a failure to do so will result in an addition fee of \$20.00/30 minutes per occurrence. Initial: \_\_\_\_\_

I agree to read the membership rules and regulations of each program and review them with my child. I understand that if the rules are not followed or my child creates a disruption, a parent or guardian will be contacted, and the child will be asked to leave. Initial: \_\_\_\_\_

I understand that during posted open hours youth 10 and older are allowed to go in and out of BCMC on their own. During open hours they may have access to the gym, outside courtyard or game room. Children under 10 do not have access to the fitness center. Initial: \_\_\_\_\_

Please list anyone who is authorized to pick up your child and their relationship to child. If on any given day, one of the people listed below are not allowed to pick up your child you must notify BCMC immediately. Please provide BCMC with any documentation of custody/divorce issues that may arise with pick-up.

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

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

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

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

**COVID Precautions:**

I understand that COVID precautions or protocols may change at any time. BCMC will create policy based on the recommendations of the CDC, the state of PA, Berks County officials and the Daniel Boone School District. I agree to comply with all COVID policies implemented by BCMC. Initial: \_\_\_\_\_

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Parent/Guardian-Printed

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Date

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Parent/Guardian-Signature