

Youth Activity Center Membership Registration Form

Child's name: _____

Address: _____

Parent/Legal Guardian: _____

Parent's Home/Work Telephone: _____

Parent's Place of Work: _____

Parent's E-mail Address: _____

Date of Birth: _____ Gender: M F

Grade: _____ School Year: _____ School: _____

Person(s) (other than parents) to be contact in case of emergency:

Address: _____

Telephone: _____

Doctor: _____ Telephone: _____

I have read the Membership Information Packet and understand the YAC rules and policies.

Permission for PG-13 movies: YES NO

Permission to use video and photo for fundraising purposes: YES NO

Parent Signature Date

I have read the Membership Information Packet and will comply with the YAC rules and policies.

Member Signature Date