

Booker T. Washington Community Center, Inc.
Youth Programming
INTAKE REGISTRATION

School Year _____
 Summer

BTW WMS Moravia

Date: _____

Please Print the Following Information Clearly:

Participant Name: (first) _____ (last) _____ Sex: M F

Age: _____ Home Phone: _____ Other Phone: _____

Mother/Guardian _____ Father/Guardian _____

Address: (street) _____ (apt.) _____

(city) _____ (state) _____ (zip) _____

Birth Date: ____ / ____ / ____ School _____ Grade _____

Ethnicity Black White Latino Other (please specify) _____

Avg. Household Income	–Less than \$5000	\$15,000-\$20,000	\$35,000-\$50,000
	\$5,001-\$10,000	\$20,001-\$25,000	More than \$50,001
	\$10,001-\$15,000	\$25,001-\$35,000	

Total Number of persons in household _____

List all persons residing in the home:

Name	Date of birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Special information: (allergies, physical limitations or emotional concerns that would hinder your child from participating)

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Agreement Section

Failure to comply with the rules and regulations of the Booker T. Washington Community Center's AWESUM youth programs (each program coordinator will provide rules and regulations) will result in the following:

- 1) **Verbal counseling to the youth**
- 2) **Call home to the parent**
- 3) **Suspension or removal from the program**

During my or my child(ren)'s participation in the AWESUM youth program, I or my child(ren) may be included in a videotape or picture that may identify me/them as participants in the AWESUM youth program, sponsored by Booker T. Washington Community Center. I understand that any videos or pictures taken are the sole property of the Booker T. Washington Community Center and I grant permission for such pictures to be used for appropriate agency promotional videos, brochures, etc.

Permission Section

As a parent or guardian, I give permission for the above named to fully participate in Booker T. Washington Community Center AWESUM youth programs. In giving my consent, I acknowledge that I cannot hold those staff members or the Booker T. Washington Community Center responsible for such acts that are outside of their control, either directly or indirectly. I will encourage his/her participation and attendance. I also understand that some programs may require special uniforms (or attire) and/or equipment that I will be required to purchase.

Program participation & Transportation permission:

My child, _____ may participate in the above checked BTW programming. He/she may be transported by the BTW Community Center Staff to and from special events and programming that may occur during the regular course of program operation. This includes walking field trips and other local travel in the insured agency vehicle by an approved agency driver.

Signature of Parent/Guardian

Date

Emergency Contact

In case of an accident or injury, emergency medical care may be given in the event I or my below mentioned designee cannot be reached:

Name of contact _____

Relationship to youth _____ home Phone _____

Cell phone _____ work phone _____

Address _____