



# Georgetown Youth Community Membership Form 2022-2023

## Child's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Attending: \_\_\_\_\_ 22' Grade: \_\_\_\_\_

Child's Cell Phone Number: \_\_\_\_\_

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## Parent/Guardian Contact

### Parent/Guardian #1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relation to Child

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Work Number and Extension

\_\_\_\_\_  
Email

### Parent/Guardian #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relation to Child

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Work Number and Extension

\_\_\_\_\_  
Email



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**Emergency Contact** (in order to be contacted if guardians are unable to be reached):

**Contact #1**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Work Number and Extension

Do you give permission for your child  
to be released to this person? Yes or No

**Contact #2**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Work Number and Extension

Do you give permission for your child  
to be released to this person? Yes or No

**Medical Information:**

Chronic Health Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Symptoms of Allergic Reactions: \_\_\_\_\_

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

First Aid and Medical Care Consent I authorize Georgetown Youth Community Center staff who are trained in the basics of First Aid and/or CPR to give my child First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my teen to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Parent/Guardian Initials: \_\_\_\_\_



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## Media Release

I  do  do not give permission to the Town of Georgetown and the Georgetown Youth Community Center to use photographic, audio and video reproductions of my child for publicity and marketing purposes only.

Parent/Guardian Initials: \_\_\_\_\_

I hereby give my teen permission to participate in all Youth Center programs, activities and trips. I understand that the activities may include team sports, field trips, and workshops on various topics such as career awareness, violence prevention, alcohol/drug abuse, and other issues pertinent to adolescents and teens.

Parent/Guardian Initials: \_\_\_\_\_

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## Permission to Walk Home

My child, \_\_\_\_\_, is allowed to sign out of the Youth Center and walk home by themselves.

Parent/Guardian Initials: \_\_\_\_\_

My child, \_\_\_\_\_, is **NOT** allowed to sign out of the Youth Center and walk home by themselves. They will be picked up.

Parent/Guardian Initials: \_\_\_\_\_

### All Information Above Reviewed and Approved By:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

For any questions, concerns, or comments, please contact:

Erin Duggan

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email: thegycc@gmail.com