



The Linking Center Club

2020-2021 Membership Form

One Child Per Form

Please Print

Office Use Only:

Club ID Number: _____

Staff: _____

Date: _____

Date of Orientation: _____

First Name: _____ Middle Name: _____ Last Name: _____

Birth Date: _____ Age: _____ Gender: (Check One) Male Female

School: _____ Grade (2020-2021 School Year) _____

Member Status (Check One): New Member Renewing Member (Has been a member before)

Parent/Guardian (whom member lives with):

First Name: _____ Last Name: _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____ Phone (cell) _____

Other Parent/Guardian:

First Name: _____ Last Name: _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____ Phone (cell) _____

Employers (Please list employer(s) for each parent/guardian):

Father's Employer: _____ Mother's Employer: _____

Emergency Contacts (Please list names that are not listed previously on this form):

Name: _____ Name: _____

Phone: _____ Phone: _____

Relation to Member: _____ Relation to Member: _____

Member Lives With: (Circle One)

Both Parents Mother Father Aunt/Uncle Sister/Brother Grandparent Guardian Other _____

Number of family members in household: _____

Ethnicity: (Circle One)

White Hispanic Native Alaskan/American Indian Black/African American Asian Hawaiian/other Pacific Islander

American Indian/Native Alaskan & White Asian & White Black/African American & White

American Indian/Native Alaskan & Black/African American Multi-Racial (Other): _____

The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is appreciated.

Circle all Programs that apply:

TM1F SSDI SSI Day Care Voucher WIC Food Stamps Free or Reduced School Lunch General Assistance Veterans Compensation

Annual Household Income (You must circle one): 0-4,999 5,000-9,999 10,000-24,999 25,000-49,000 50,000 and more

Parent/Guardian Code of Conduct

- I will treat The Linking center staff, volunteers, members and other parents with respect.
- I will encourage my child to participate in events and activities.
- I will teach my child that effort is more important than victory.
- I will remember that children learn best by example.
- I will work with staff to assist them in providing the most positive experience possible for my child.
- I will arrange for my child to be picked up on time.

Parent/Guardian's Name

Date

Parent/Guardian's Name

Date

Member Code of Conduct

■ **Rules for Physical Contact**

- Fighting or play fighting is prohibited.
- No public displays of affection.
- Always respect one another's personal space.

■ **Respect Club Equipment**

- No sitting or putting your feet on tables.
- Your card is needed to use Club equipment.
- Be aware of all posted rules in the program areas.

■ **Respect of The Linking Center surroundings**

- Use an appropriate level of volume when speaking.
- No gum allowed, all food and candy must be kept in the cafeteria.
- No hanging around outside the building. Wait for rides inside the lobby.
- No running. (Outside of the Gym or planned activities).
- Always pick up after yourself.

■ **Always respect staff, volunteers, other members and yourself.**

- Treat yourself with respect, use an inside voice, listen, be patient, be polite and use proper language.
- Always respect other members, use proper language, show good sportsmanship and be polite.
- Respect yourself, you are worth it!

■ **Absolutely not tolerated**

- Fighting or aggressive behavior.
- Tobacco, alcohol, drugs and weapons of any sort in The Linking Center or surrounding neighborhood.
- Profanity, swearing or name calling.
- Disrespect to staff, not following directions, yelling at staff or walking away when a staff member is speaking to you.

Student

Date

Liability Release

I acknowledge that I will be participating at my own risk and I hereby indemnify and hold harmless The Linking Center, its directors, officers, employees, volunteers, agents, and affiliates from liability for personal injury or damage to personal property arising out of participation in and transportation associated with The Linking Center.

Name (Printed)

Signature

Date

MEDICAL INFORMATION

For the safety of all children, we ask that parents keep all sick children home. Should a child become sick at The Linking Center, the parent will be called and asked to make arrangements to have the child picked up.

Health History (Must be filled out completely)

All information below will remain confidential and shared only as needed with staff in case of medical emergency.

Does your child have any allergies? Yes No If yes, list allergies here: _____

Does your child take regular medication? Yes No

If yes, please list medications and doses: _____

Does your child have any physical disabilities or chronic conditions? Yes No

If yes, please describe here: _____

Any recent injuries/illnesses/operations we should be aware of? Yes No

If yes, please describe here: _____

Does your child have any behavior or emotional needs? Yes No

If yes, please describe here: _____

Is there anything else we should know about your child? Yes No

If yes, please describe here: _____

Child's Primary Physician's Name _____ Office Number _____

POLICY AGREEMENT & MEDICAL CONSENT TO TREATMENT

I, the parent or guardian of _____ minor, do hereby consent to an x-ray examination, anesthetic, medical or surgical treatment, diagnostic procedure or service that may be rendered to said minor under the general or specific instructions of emergency department physician from emergency medical facility or other physician rendering emergency care. It is understood that this consent is given in advance of any specific diagnosis or treatment being rendered, but is given total consent to emergency treatment as may be needed. I hereby release and agree to hold harmless People Helping People of Pullman, its employees, agents, and/or affiliates from and against any claim for injuries or damage that might arise out of our child's participation in the program. This consent will continue in effect for all who may rely upon it including, but not limited to the medical facility and physician on its medical staff and the Linking Center Club, until expiration date, unless they have received written notice of revocation.

1. I understand that if my child is in the 1st-5th grade or is in the 1st-7th grade and is a new member, I am required to attend a parent orientation before my child can become a member.
2. I understand that the People Helping People of Pullman operates their Club sites with an open door policy. All members are not allowed to leave the building unless going home for the day.
3. Is your child allowed to walk/bike home (1st-12th grade)? Yes No
4. Do you give your 8th-12th grader permission to leave the Club unattended? Yes No
5. The Linking Center Club has my authorization to use photographs, reproductions, and any sound recordings of my child. Such use may include advertisements and publicity purposes.
6. I understand that the Linking Center Club does not take responsibility for lost, missing, or damaged items. It is recommended that personal belongings be left at home and all bikes are properly locked in the designated area.
7. I understand that the Linking Center Club reserves the right to suspend my child from the Club activities if my child exhibits poor behaviors. It is my responsibility to meet with the Linking Center staff to discuss any matter of concern on either the Linking Center Club's part or mine.
8. Failure to arrange timely transportation for my child to and from Club property may result in temporary suspension of service for my child.

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR CLUB/SCHOOL COMMUNICATIONS

I give permission for the staff at The Linking Center Club to openly communicate with school officials and teachers regarding my child's academic and behavioral development; and I authorize the school representatives to release information about my child to the representatives of the Linking Center Club in order to provide my child with the best possible service.

Parent/Guardian Signature: _____ Date: _____