



2022 - 2023 Membership Application

Youth Information

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

Nickname : _____ Gender: _____ Birthday: _____

Age: _____ School: _____ Grade: _____

Ethnicity:

Caucasian African-American African-Asian Hispanic-American Bi-Racial Other: _____

Address:

_____ *Street Address* _____ *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Youth's Personal Number (If applicable): _____ Youth's School Email: _____

Does your child qualify for the free or reduced lunch program? Yes No Unsure / will update ASAP

Is your child a member of another youth program? Yes No If yes, explain. _____

Can your child swim? Yes No Does your child struggle with self-esteem? Yes No

List your child's hobbies: _____

What is your child good at: _____

What could your child improve on: _____

Parent / Guardian 1

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

Relation : _____ Gender: _____ Cell Phone: _____

Can MYDC text you? Yes No

Occupation: _____ Employer: _____ Work phone number: _____

Parent / Guardian 2

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

Relation : _____ Gender: _____ Cell Phone: _____

Can MYDC text you? Yes No

Occupation: _____ Employer: _____ Work phone number: _____

Household Information

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Annual Household Income:

- \$0 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$30,000 \$30,001 - \$45,000
- \$45,001 - \$60,000 \$60,001 - \$75,000 \$75,001 - \$90,000 \$90,001 - \$115,000 \$115,001 +

How many residents live at the address listed above: _____

Number of Sisters / Step-Sisters / Half-Sisters: _____

Number of Brothers/ Step-Brother / Half-Brother: _____

Check all programs that apply:

- TANF SNAP SSI Daycare Vouchers SSDI Veteran's Compensation

Pick-up list / Emergency Contact

Is there anyone not already listed on this application that may pick up your child?

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Annual Membership Fee

Membership fee for one child is \$20/month. This includes all activities,snacks, field-trips. Each additional sibling from the same household is an additional \$5/month, per child.

If you qualify, MYDC memberships can be \$0 / month.

Please list additional siblings attending MYDC here:

Name: _____ School : _____

Name: _____ School : _____

Name: _____ School : _____

Name: _____ School : _____

A separate application will be mandatory for each youth member.

Health History

Youth's Name: _____ Age: _____ Height: _____ Weight: _____

Does your child have any medical problems or allergies: Yes No

If yes, please explain: _____

Any restrictions: _____

In the case of an emergency what is your preferred hospital / clinic? _____

Physician's Name: _____ Physician's Phone Number: _____

Do you have private health insurance?: Yes No

Name of Health Insurance: _____ Policy Number: _____

Do you have Medicaid for your child? Yes No Do you have Hoosier Advantage for your child? Yes No

If you can not be reached, someone from your emergency contact list above will be called.

The Health History and Permission Form is correct to the best of my knowledge and the person herein described has permission to engage in all Center activities, except as noted. Authorization for treatment: I hereby give permission to the Martinsville Youth Development Center to order x-rays, routine tests, treatment, to release the records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or nurse selected by the Center to secure and administer treatment, including hospitalization for the youth listed above. I do hereby agree to hold free from any and all liability all respective officers, employees, and members. I hereby on behalf of my child waive, release and forever discharge any and all rights and claims for damages which my child may have or may not have accrued arising out of or connected with my child in any of the activities of the Center.

Parent / Guardian Printed Name: _____ Signature: _____ Date: _____

Parental Permission, Release, and Indemnity Agreement

I hereby give permission for my child, named below, to join the Martinsville Youth Development Center (the "Center") and permission for my child to participate in the Center's programs, activities, field trips, and to visit and use the Center's facilities and to be photographed. It is understood that programs and activities may include internet access, surveys, interviews, and focus group discussions. Data collected from various vehicles is private and confidential. It is understood that data collected will protect my child's identity, although the Center may use the data to determine current trends. The data collected is the sole property of the Center. We will share data from programming with the partners and / or grantee of the program. I am the natural parent or legal guardian having sole custody of said child. In consideration of my child being accepted for membership and participation in the Center and activities, I hereby voluntarily release and agree to hold harmless and indemnify the Martinsville Youth Development Center and each of its directors, officers, employees, volunteers, and agents from and against any and all liability, claims, demands, actions, damages, expenses, and costs, including attorney fees, losses, and judgments of whatsoever kind and nature which may result from or arise out of my child's membership in the Center, participation in the Center's programs, activities, field trips and facilities, whether or not resulting in whole or in part from negligence, acts or omissions of the Martinsville Youth Development Center or its directors, officers, employees, volunteers, or agents, or of said child.

Guardian's Signature: _____ Date: _____

Skyward Password Agreement

I, (Guardian's Name), _____, hereby authorize the Martinsville Youth Development Center to check my youths grades with the provided password and username. I also understand that when I am required to change/update the password I will notify the director via e-mail or by phone ASAP. I understand that this information will only be used by the director of the Martinsville Youth Development Center. This information will help the center get the youth help in certain areas by regularly checking the members grades.

I release the Martinsville Youth Development Center and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all the various sources.

The following is my true name and all information is true and correct to the best of my knowledge:

Youth's Full Name: _____ Guardian's Full Name: _____

Current Username: _____ Current Password: _____

Signature: _____ Date: _____

If this password is updated, please notify MYDC by email at shelby@martinsvilleyouthcenter.org

If you have any questions, please call Shelby Burkett at (317) 446-5044

Please note here any additional restrictions / information that MYDC should know: