

#### **MEMBERSHIP APPLICATION**

### **Parent Information**

Name of Parent				
	First Name	Last Nam	ne	
E-mail				
Phone Number:				
	Area Code	Phone Number		
Address:				
	Street Address			
	Street Address Line 2			
	City		State / Province	
	Postal / Zip Coo	de	Country	
Which county do we-				
Which county do you reside in?				

# **Household Information**

Check all that apply	Two parent nousehold									
	Single Parent									
	Veteran									
	Military									
	Foster Care or Adopted children									
	Disabled									
	Developmentally Delayed									
	Mental Helath Concerns									
	Food Stamps									
	General Assistance									
How did you hear about	Parent/Member									
ıs?	School Library Internet Search Facebook Twitter Instagram Flyer Newspaper/Magazine									
						Other				
						If you checked other, please specify how you neard about us				
						Member In	formation			
						Member Name				
						MEHINCI IVAIIIC	To Market To Mar			
		First Name Last Name								
Phone Number										
	Area Code Phone Number									
E-mail										
Birth Date:										
	Month Day Year									
	Mondi Day 10ai									
What sahaal da way										
What school do you currently attend?										

What grade are you in?

What is your GPA		_	
What groups, clubs or organizations are you currently affiliated with?			
What are three things you like most about yourself?			
What are three things you'd like to improve?			
Medical and	d Health		
Does your child have any deveopmental, mental health or substance use concerns?		_	
Has your child ever had interactions with a therapist, crisis center, inpatient and/or psychiatric facility?		_	
Does your child have allergies, asthma or other conditions we should be aware of?		_	
Is your child taking any medication		_	

## **Travel Permission**

I will not hold liable Positive Young Teens, the Board of Directors or any representatives for any accidents or misfortunes that might take place going to or from Positive Young Teen related activities and/orevents.

#### Outdoor Experiences

PYT will participate in outdoor experiences throughout the year. If you're interested please check the box and complete an additional application from the Boys & Girls Club of America.

#### **Media Permission**

I agree to have my childs photograph to be used in conjunction with advertisement, marketing and promotion of the organization.

### **Emergency Information**

Please identify three individuals to contact in case of an emergency

### **Membership Rules**

- 1. I will maintan a C average in school
- 2. I will maintain good conduct at home, school and in the community
- 3. I will actively participate in workshops, community service and annual events
- 4. I will arrive on time or early for events/activities
- 5. I will have a positive winning attitude
- 6. I will do my best and strive to be excellent in everything I do
- 7. I will refrain from verbal or physical abuse of other members
- 8. I will engage in conversations that are positive, uplifting and encouraging
- 9. I will not take things that do not belong to me
- I will be committed to improving myself and those around me

Thank you for your interest in Positive Young Teens. Once your application is submitted, someone from Member Relations will contact you to review your appliaton and answer all of your questions.

Thank you!