

Project H.O.P.E.07 Inc Membership Application (Please Print)

Member Information

First Name: Middle Initial: Last Name

Address/City/State/Zip:

Gender-Circle One: Male Female Date of Birth: _____ Age:

Race-Circle One: Hispanic African American Anglo Asian Multi-Racial Other

School: Grade: _____

Contact Information

Mother's Name Phone # Cell #

Father's Name Phone # Cell #

Primary Contact Name Relationship Phone #

Emergency Contact Name Relationship Phone #

Emergency Contact Name Relationship Phone #

Medical Information

Doctor Name: Doctor Phone

Serious Health Problems: Yes No If Yes, explain:

Current Medications: Yes No If Yes, explain:

School Year 2015-2016 Member's Name:

By completing this membership application to Project H.O.P.E.07 Inc,

(PLEASE PRINT YOUR NAME) ()

1. Give my permission for my child to become a member of Project H.O.P.E.07 Inc and understand that Project H.O.P.E.07, Inc is not responsible for lost or stolen items.
2. Give permission to Project H.O.P.E.07, Inc to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.
3. Give permission, in case of accident of injury, that emergency first aid be given and that warranted treatment by a doctor or hospital be permitted. Project H.O.P.E.07, Inc. is not

responsible for the cost of treatment for personal injury; nor is Project H.O.P.E.07, Inc. liable for any personal injury or loss of property.

4. Understand that the Project H.O.P.E.07 Inc is NOT, nor does it claim to be, a licensed day care center. Parents and members are responsible for their own transportation to and from the meetings.

5. Allow my child to be transported to and from any Project H.O.P.E.07 Inc activity, special event or emergencies.

6. Give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Project H.O.P.E.07, Inc and its activities.

7. Give permission for Project H.O.P.E.07, Inc to survey my child about his or her experience, behaviors, skills and attitudes.

8. Understand that as a member of Project H.O.P.E.07 Inc, my child will have access to the Internet. While precautions are being taken, it is possible that my child may access inappropriate sites. Project H.O.P.E.07 will have rules and consequences in place for such behavior; however the organization will not be responsible for the consequences of such access.

9. Give my permission to Project H.O.P.E.07, Inc and School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in Project H.O.P.E.07, Inc and in life. This release is valid for one year and may be revoked at any time by contacting School District or Project H.O.P.E.07, Inc in writing.

10. The parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Project H.O.P.E.07, Inc their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the organization.

I have read the completed application and this form, understand the rules of Project H.O.P.E.07 and request that my child be admitted into membership.

I give my permission to Project H.O.P.E.07, Inc to share information about the minor child listed on this application with Project H.O.P.E.07, Inc for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to Project H.O.P.E.07, Inc may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Project H.O.P.E.07, Inc including data collected via surveys or questionnaires. All information provided to will be kept confidential.

Parent / Guardian Signature:

Date:

Member's Signature:

Date: