

**MEMBERSHIP FORM & LEGAL GUARDIAN RELEASE OF LIABILITY
YOUTH & FAMILY SERVICES AFTER SCHOOL PROGRAM**

28600 West 11 Mile Road, Farmington Hills, Michigan 48336
1-248-473-1841



Name of Member:		Male:	Female:
Address:	City:		Zip:
Phone Number:	Date of Birth:	Grade as of September 2011	
Name of Elementary School Attended	Name of School Attending	Year your student will graduate from High School	

List any allergies or physical conditions Member has: _____

List any medications Member is presently taking: _____

I, the undersigned Parent/Legal Guardian of the above named Member (hereinafter referred to as "Member"), hereby consent to and give my permission for the following:

- That Member has my consent and permission to participate as a Member of the Farmington Hills Area Youth & Family Services - Youth Centers.
- That Member has my consent and permission to ride the bus for after school transportation to the Youth Center and or other facilities for activities as planned for the day.
- That Member has my consent and permission to participate in all Youth Center activities, which may also include activities held at other locations.
- On behalf of the Member and myself, I acknowledge that the Member will be participating at his/her own risk and I, on his/her and my own behalf, hereby release, discharge and indemnify the City of Farmington Hills, City of Farmington, Farmington Public Schools, Prince of Peace Lutheran Church, Farmington YMCA, Clarenceville Public Schools, and all other affiliates associated with the Farmington Hills Area Youth & Family Services from all liability for injury to person or damage to property of myself and Member arising out of participation in, and transportation associated with, the Farmington Hills Area Youth & Family Services.
- In permitting the Member to participate, I am specifically granting permission to the Farmington Hills Area Youth & Family Services to use the likeness, voice and words of the Member in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Farmington Hills Area Youth & Family Services and appealing for funds to support such activities.
- If I am not personally at Youth Center activities in which the Member is participating, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures to arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Member.

EMERGENCY CONTACTS: (Please Print)

Name:	Name of Medical Insurance Co.:
Day Phone:	Medical Insurance Policy #:
Evening Phone:	

Parent/Legal Guardian's Name (PLEASE PRINT): _____

Home Phone: _____ Place of Business: _____

Cell Phone: _____ Work Phone: _____

E-Mail Address: _____



The City of Farmington Hills welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in the program(s). _____

_____ X _____ X _____
Date Parent/Legal Guardian Signature

↓ Please Review & Sign Both Sides. ↓

To register your child please bring your child with this form to either the Costick Youth Center, Ice Arena Youth Center, or Jon Grant Youth Center.