



**BASKETBALL -
TRACK - SUMMER PROGRAM –
AFTER SCHOOL PROGRAM
YFT Youth For Tomorrow Inc.
MEMBERSHIP REGISTRATION 20____ - _____**

Last name _____ First Name _____ Girl Boy
 Telephone _____ Date of birth _____ Age _____
 Address _____ Town _____ Zip _____
 School: _____ Grade _____ School Year _____
 Race/Ethnic Background: African American Latino Asian Am. Indian Other _____
 E-mail Address: _____
 New _____ Renewal _____ Last Year Attended: _____

Pick-Up Authorization: The following individuals, 18 years of age or older, are authorized to pick up my child(ren) from the YFT Basketball or Track program. I will inform each person listed below that they will be required to present proper identification. Any changes to this list will be made in advance by written notification. I understand that my child(ren) will not be released to those who are not on this list or added in writing.

LAST NAME	FIRST NAME	HOME & CELL NUMBER	WORK NUMBER	RELATIONSHIP

Health Information: handicaps, allergies (including food allergies), medication use, etc.

None Yes, Please specify: _____
 Doctor's Name _____ Phone Number: _____

Father's Name _____ Business Phone: _____ Cell Phone: _____
 Mother's Name _____ Business Phone: _____ Cell Phone: _____
 Guardian's Name _____ Business Phone: _____ Cell Phone: _____

Parents/Guardians we would like to learn of any specials skills or talents you might posses and be willing to share with the organization.
 Please List: _____

Total Household Income (Gross) information:

IT IS MANDATORY THAT THIS SECTION OF THE APPLICATION BE COMPLETED, AS IT IS A REQUIREMENT OF OUR FUNDING SOURCES. This information is kept in strict confidence and will have no effect on your cost for the program. Please **check** (✓) one of the following

_____ \$0-20,000 _____ \$20,001-35,001 _____ \$35,001-*\$45,001 _____ \$45,001-\$55,001 _____ \$60,001-,\$75,000

Are you single-parent household? _____ Yes _____ No

Number of children in household? _____

Total in household? _____

In an emergency, please notify (other than parents):

Name _____ Relationship: _____ Telephone: _____

Name _____ Relationship: _____ Telephone: _____

Physician: _____ Physician's Telephone _____

Parent/Guardian consent/signature required:

Please Initial: _____

I give permission to the YFT Youth For Tomorrow Inc. to seek emergency medical treatment for my child if deemed necessary _____ I understand that the YFT Inc. will not be responsible for lost or stolen property _____ I give permission to YFT Inc. to exchange information regarding my child with the school district listed on this application. The Purpose of this is to help both organizations do a better job of assisting the student, if deemed necessary _____

I give permission to YFT Inc. to survey my child about his/her experience with YFT Inc., behaviors, skills, and attitudes, using a survey instrument ____ I fully understand and agree to review the rules as outlined; and to abide by the following organization policies, which are strictly adhered to, without exception: a.) serious discipline problems may result in a member being suspended and/or withdrawn from the program, without a refund: b.) under NO circumstances will a refund be issued for absences, changes, withdrawals or terminations.) Switching and/or transferring of registrations is not permitted; d.) The YFT Inc. will not assume responsibility for lost or stolen items; and e.) Photographs of my child may be used for public relations purposes. I hereby give my approval for my child to attend the YFT Inc. with full knowledge and understanding of the above-outlined policies. I certify that the above information is accurate to the best of my knowledge. While I have been assured that the information is kept confidential, I am aware that it is subject to verification by the agency providing services, the Nassau County Office of Community Development and/or HUD. I, therefore, authorize such verification, and will provide supporting documents if requested.”

Parents/Guardian/s signature: _____ **Date:** _____

Parents to improve our program please comment on our programs progress, if your child a returning athlete, have you seen in progress since he or she has been with the program, or in your opinion what can we improve as a program to make it a more successful program.

Does your child look forward to attending practice?

Has your child skills improved since coming to this program? If yes or no please explain

What was your child’s average in school, before coming to the program? Has he or she improved After attending the program?

Do you feel that being a part of this program has improved your childs grades attitude toward In school? _____

We are a family orientated program, we are looking for parents that are willing to help with the programs success. If you posses any skills that you are willing to share please let us know.
