



Community Action Partnership of Kern  
Membership Information Form



Member Information (please print)

First Name	Middle Name	Last Name
Home address	Home Phone	Message Phone
City / State	Parent email address	

Office Use Only

Member ID #
Comments

Demographics

Gender	Birthdate	Age	Grade	School
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
Ethnicity				
<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other				
Primary Language				
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other				

Contact / Guardian

Mother's First Name	Mother's Last Name	Mother's Work Phone & Extension
Mother's Employer	Mother's Occupation	
Father's First Name	Father's Last Name	Father's Work Phone & Extension
Father's Employer	Father's Occupation	
Guardian's First Name	Guardian's Last Name	Guardian's Work Phone & Extension
Guardian's Employer	Guardian's Occupation	
* Do you use Shafter Youth Center as a source of childcare while you are working? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Medical / Emergency

Medical Problems / Allergies	Medications
Physician	Physician's Phone

Emergency Contact (Only persons listed can pick up child. No phone calls)

First name	Last Name	Phone Number
First name	Last Name	Phone Number
First name	Last Name	Phone Number

_____	_____	_____
<b>First name</b>	<b>Last Name</b>	<b>Phone Number</b>
_____	_____	_____

**Confidential—The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.**

<b>Annual Family Income</b>	<b>Check all that apply</b>										
<input type="checkbox"/> Below \$10,000 per year <input type="checkbox"/> \$10,001 - \$15,000 per year <input type="checkbox"/> \$15,001 - \$20,000 per year <input type="checkbox"/> \$20,001 - \$30,000 per year <input type="checkbox"/> \$30,001 - \$40,000 per year <input type="checkbox"/> \$40,001 - \$50,000 per year <input type="checkbox"/> More than \$50,001 per year	<table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> SSDI</td> <td style="width: 33%;"><input type="checkbox"/> General Assistance / AFDC</td> </tr> <tr> <td><input type="checkbox"/> SSI</td> <td><input type="checkbox"/> School Lunch (Free or Reduced)</td> </tr> <tr> <td><input type="checkbox"/> TANF</td> <td><input type="checkbox"/> Veterans Compensation</td> </tr> <tr> <td><input type="checkbox"/> Day Care Voucher</td> <td><input type="checkbox"/> Foster</td> </tr> <tr> <td><input type="checkbox"/> Food Stamps</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> SSDI	<input type="checkbox"/> General Assistance / AFDC	<input type="checkbox"/> SSI	<input type="checkbox"/> School Lunch (Free or Reduced)	<input type="checkbox"/> TANF	<input type="checkbox"/> Veterans Compensation	<input type="checkbox"/> Day Care Voucher	<input type="checkbox"/> Foster	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Other _____
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**Release of Liability**

The Undersigned does hereby consent that my child and/or children may participate in and utilize Community Action Partnership of Kern (CAPK) and Shafter Youth Center (SYC); and that I hereby execute the release of liability and indemnification on my son/daughter's behalf. The undersigned states that said minor child are physically able to participate in activities at the CAPK/SYC recreational facilities. The undersigned further hereby agrees to indemnify and hold CAPK, its officers, directors, agents, employees, representatives, and volunteers free and harmless from any loss, liability, damages, costs, or expense which may incur as a result of the death or injury or property damages that the undersigned's minor(s) may sustain while participating in said activity(ies). The undersigned further represents that he and/or she is the legal guardian for the minor child and/or children named who will participate in all recreational activities and the facilities at Shafter Youth Center.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Video & Photography Release**

I understand that while participating in the Community Action Partnership of Kern's Shafter Youth Center activities, my photograph and/or the photographs of my child may be taken by the Shafter Youth Center and/or assigns. I agree that my likeness and/or the likeness of my child, which includes video, film photography and other reproductions, may be used without charge to the Shafter Youth Center and/or its assigns for the purposes which they have deemed as appropriate.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Treatment**

This is a legal and binding document which authorizes the Community Action Partnership of Kern's Shafter Youth Center personnel/agents to seek hospital and/or medical treatment for your child due to an injury, and parent(s)/guardian(s) are unable to be located for consent. I/We, the undersigned parent(s)/guardian(s) of \_\_\_\_\_ a minor, hereby consent to any medical and/or hospital treatment including any x-ray examination at my/out own expense which is deemed advisable and is to be rendered under the supervision of any physician/practitioner of any licensed hospital.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency / Special Event Transportation**

In the event that transportation is required for the above mentioned minor, I/We authorize all Community Action Partnership of Kern's Shafter Youth Center personnel/agents to provide transportation. I/We also waive and release any and all rights and claims for damages from the Shafter Youth Center personnel/agents, the Community Action Partnership of Kern and the cities of Bakersfield and Shafter for any and all injuries suffered by the above mentioned minor in any automobile accident involving transportation provided by the Shafter Youth Center.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Is your child permitted to walk to and from the Shafter Youth Center?**       YES       NO  
 (If no, the child's parent or guardian is responsible for arranging transportation. Staff is not permitted to transport youth.)