

**Tewksbury Youth Center
286 Livingston Street
Tewksbury, MA 01876
(978) 640-4311**

Application for Membership

Name		<input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth
Address			Home Telephone	
School			High School Graduation Year	
Parent or Guardian			Occupation	
Home Telephone	Pager	Cell	Work	
Parent or Guardian			Occupation	
Home Telephone	Pager	Cell	Work	

Emergency Contact/Information (other than parent or guardian)

Name	Relationship	Telephone
Name	Relationship	Telephone

Medical Information

Doctor	Telephone
Dentist	Telephone
Health Insurance Carrier	Policy Number

Medical History (Check those medical conditions which apply)

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Clotting Disorder	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Immune Deficiency	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	Tonsillitis
<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	
<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	

Please specify ANY OTHER medical conditions not listed above:

Please specify ANY medications the member is taking:

(Please complete both sides)

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Medical History (Continued)

Allergies (Please specify)

Food:	
Insect Stings:	
Ivy Poisoning:	
Hay Fever:	
Penicillin:	
Other Drugs:	
Other Allergies:	

Has the member ever had: (Please specify)

Operations or serious injuries?	
Disability or chronic or recurring illness?	
Activities limited by a physician?	
Dietary modifications?	

- This information is correct, to the best of my knowledge, and the person herein described has permission to engage in all prescribed Youth Center activities as noted.
- PHOTOGRAPHS/PUBLICITY: Please note that photos of your child may be used for various publicity media.
- This completed form may be photocopied for trips being sponsored by the Youth Center.
- *All information will be kept confidential.*

Do you give your child permission to leave the building? *Yes* *No*

Note: Please read the Security System Policy for further details.

Member's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Parents/Guardians: Please provide your e-mail address to help us defray our mailing costs and keep you informed of the Youth Center's activities and upcoming events.

Name (Please Print) _____ ***E-Mail:*** _____

Would you like to be added to our volunteer list? *Yes* *No*

