



The BETHLEHEM CENTER
 (United Methodist Neighborhood Centers, Inc.)
 P.O. Box 2156
 Chattanooga, TN 37409-2156



Program Participation Registration & Agreement

| | | | | |
|--|---------------------------|---------------------------------------|--|-------------------------|
| PARTICIPANT'S NAME: | | DATE OF BIRTH: | SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | TODAY'S DATE: |
| HOME STREET ADDRESS: | | CITY: | STATE: | ZIP: |
| HOME TELEPHONE NUMBER: () - () - | | WORK TELEPHONE NUMBER: () - () - | | SOCIAL SECURITY NUMBER: |
| GRADE IN SCHOOL: | NAME OF SCHOOL ATTENDING: | | TEACHER'S NAME: | |
| KNOWN ILLNESSES, ALLERGIES, OR LIMITATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE: | | | IS PARTICIPANT ON ANY MEDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST NAMES: | |
| GIVE NAME OF YOUR PREFERRED MEDICAL FACILITY, IF ANY: | | NAME OF MEDICAL INSURANCE: | | POLICY OR GROUP NUMBER: |
| What is your T-shirt size? Youth: S M L XL Adult: S M L XL XXL (Please Circle One) | | | | |

EMERGENCY CONTACT INFORMATION

| | | |
|-------|----------|--------------------------|
| NAME: | ADDRESS: | TELEPHONE (WORK & HOME): |
| NAME: | ADDRESS: | TELEPHONE (WORK & HOME): |

COMPLETE THE FOLLOWING IF PARTICIPANT IS A MINOR UNDER THE AGE OF 18 YEARS OLD:

| | | | |
|---|--------------------|-----------------------------------|--------------------|
| MOTHER'S (OR FEMALE GUARDIAN) NAME: | | FATHER'S (OR MALE GUARDIAN) NAME: | |
| SOCIAL SECURITY NO.: | HOME PHONE NUMBER: | SOCIAL SECURITY NO.: | HOME PHONE NUMBER: |
| PLACE OF EMPLOYMENT: | WORK PHONE NUMBER: | PLACE OF EMPLOYMENT: | WORK PHONE NUMBER: |
| PAGER AND/OR CELL PHONE NUMBERS | | PAGER AND/OR CELL PHONE NUMBERS | |
| ARE THERE ANY SPECIAL CIRCUMSTANCES OR CONDITIONS ABOUT YOUR FAMILY OR YOUR CHILD THAT THE STAFF OF THE BETHLEHEM CENTER NEEDS TO KNOW? PLEASE DESCRIBE IN DETAIL (If there are any court orders or other official directives regarding this participant that are relevant to the Bethlehem Center please list them.): | | | |

SPECIAL INFORMATION REQUIRED BY LAW

Because the Bethlehem Center receives some funding from government sources, we are required to collect information concerning the household income of participants in our programs. This information is collected for statistical purposes only and is provided in the aggregate to interested government agencies as required by law. The Bethlehem Center does NOT identify any family or person by name when providing this information. The Bethlehem Center respects the privacy of our participants and all personal and family information is held in confidence.

| | | | | | | | | | | | | | | | | | |
|---|---|--------------------------------------|--------|---|------------------|--------------------------------------|--------------------------|-----------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|
| How many people reside in the Participant's household? | ADULTS: | MINORS: | TOTAL: | | | | | | | | | | | | | | |
| | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="6" style="width:70%;">WHAT IS THE TOTAL ANNUAL INCOME OF THE PARTICIPANT'S HOUSEHOLD? (This is the total of all income, of all people residing in the household, from all sources.)</td> <td>CHECK ONE</td> <td>ANNUAL HOUSEHOLD INCOME RANGE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$0 to \$10,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$10,001 to \$20,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$20,001 to \$30,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$30,001 to \$40,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$40,001 to \$50,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td>\$50,001 +</td> </tr> </table> | | | WHAT IS THE TOTAL ANNUAL INCOME OF THE PARTICIPANT'S HOUSEHOLD? (This is the total of all income, of all people residing in the household, from all sources.) | CHECK ONE | ANNUAL HOUSEHOLD INCOME RANGE | <input type="checkbox"/> | \$0 to \$10,000 | <input type="checkbox"/> | \$10,001 to \$20,000 | <input type="checkbox"/> | \$20,001 to \$30,000 | <input type="checkbox"/> | \$30,001 to \$40,000 | <input type="checkbox"/> | \$40,001 to \$50,000 | <input type="checkbox"/> |
| WHAT IS THE TOTAL ANNUAL INCOME OF THE PARTICIPANT'S HOUSEHOLD? (This is the total of all income, of all people residing in the household, from all sources.) | CHECK ONE | ANNUAL HOUSEHOLD INCOME RANGE | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | \$0 to \$10,000 | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | \$10,001 to \$20,000 | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | \$20,001 to \$30,000 | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | \$30,001 to \$40,000 | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | \$40,001 to \$50,000 | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | \$50,001 + | | | | | | | | | | | | | | | | |

**THIS IS A 2-PAGE FORM.
 REGISTRATION IS NOT COMPLETE UNLESS SIGNED ON PAGE 2
 BY THE PARTICIPANT AND/OR THE PARENT OR GUARDIAN.**

ALL PARTICIPANTS MUST SIGN THE FOLLOWING AGREEMENT

As the parent and/or legal guardian of the above named minor child Participant (if applicable), I give permission for my child to participate in the programs and activities of the Bethlehem Center.

As the parent and/or legal guardian of the above named minor child Participant (if applicable), I understand that in the event of a medical emergency, I (or the above contact) will be notified immediately and upon notification will be expected to immediately assume direct responsibility for my child's well being. In the event a true medical emergency occurs and the above emergency contacts cannot be reached in a timely manner, I give my permission for the Bethlehem Center to call the nearest qualified physician or to refer my child to an emergency medical facility. I agree to assume total responsibility for the cost of any medical treatment rendered on my child's behalf. I understand that I am solely responsible for arranging my child's travel to and from the Bethlehem Center.

I authorize the Bethlehem Center to include the Participant (myself or the above named minor child, as applicable) in any photographs, films or videotapes of Center activities and give my permission for those images to be used in the Bethlehem Center's advertising and promotional materials.

I acknowledge and agree, both for myself and for the above named minor child (if applicable) that the Bethlehem Center is furnishing valuable services and facilities to the Participant through participation in Center programs. In consideration of access to such services and facilities and for other good and valuable consideration, I release, remise, acquit and forever discharge the Bethlehem Center, and United Methodist Neighborhood Centers, Inc. and its directors, officers, employees, agents, representatives and their respective successors, heirs and assigns (collectively, the "Released Parties") from, and to indemnify the Released Parties against, any and all actions, causes of action, suits, debts, controversies, judgments, claims, demands, liabilities, rights, damages, injuries, ~~—(both personal and property)~~, costs, charges, losses and expenses (including, without limitation, reasonable attorneys' fees) (collectively, "Injuries") arising out of, by reason of, or related to (a) such Participant's participation in activities or presence at the Bethlehem Center by such Participant or his or her guests, invitees or family members, (b) participation in any Bethlehem Center sponsored activity other than at the Bethlehem Center by such Participant or his or her guests, invitees or family members, and (c) any act or omission of the Bethlehem Center or any other Released Party, ~~including excluding any Injuries actions relating to resulting from the gross negligence of the Bethlehem Center or any other Released Party and specifically including any derivative claims by a person's heirs or personal representatives.~~

ADULTS SIGNING ON BEHALF OF MINORS
(Parent or Guardian Signs for Participant Under Age 18)

Dated: _____

Signed: _____

On Behalf of: _____
(PRINT NAME OF PARTICIPANT)

ADULT PARTICIPANTS SIGNING FOR THEMSELVES
(Participants 18 years old and above)

Dated: _____

Signed: _____

↓ ↓ ↓ ↓ ↓ THIS SECTION FOR BETHLEHEM CENTER STAFF USE ONLY ↓ ↓ ↓ ↓ ↓

| PROGRAM – MINISTRY ACTIVITY | START DATE | REMARKS |
|-----------------------------|------------|---------|
| Academy for Boys | | |
| After School Academy | | |
| Athletics | | |
| Economic Development | | |
| Literacy Academy | | |
| Music | | |
| Other | | |

COMMENTS
