

Registration Form

Youth Sports: _____ Shirt Size: _____

Adult Sports: _____ Shirt Size: _____

Youth Specialty Class: _____

Adult Specialty Class: _____

Family Support: _____

Name: _____ Age: _____ DOB: _____

Telephone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip-code: _____

Emergency Contact: (if youth, other than parent or guardian) Name: _____

Phone: _____ Relationship to Participant: _____

Parent or Guardian Name: _____

Please inform of us of any allergies/medical conditions: _____

In consideration of your accepting my/our registration fee, I hereby, for myself, my dependent(s) and minor children, and our executors and administrators, waive and release any and all rights and claims for damages I or my dependent(s) or minor children have or may have against Anna Maria Island Community Center and its representatives, successors, employees, contractors, or volunteers (collectively AMICC) for any and all injuries or death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by Anna Maria Island Community Center, help upon its property, or through the use of its equipment. If I or my minor children or dependent(s) should suffer any injury, illness or death while participating in an activity, I authorize The Anna Maria Community Center staff to use their sole discretion in having me or my dependent(s) and minor children transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependents, including but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of The Anna Maria Island Community Center. I understand that this release includes my minor children and I represent that I am the authorized guardian for my minor children. I understand that if I do not follow rules or code of conduct, myself and/or my family and/or guests will be asked to leave and I will not receive a refund. I hereby authorize The Anna Maria Island Community Center and local newspapers to take pictures of my child and understand that these photos become the property of The Anna Maria Island Community Center and/or the newspaper. I hereby give The Anna Maria Island Community Center permission to take pictures of me and to put the finished pictures on The Anna Maria Island Community Center's web site. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting; however, no names of subjects will be published without written authorization. I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of service to the client, and give consent to the release of records for these purposes. I understand that additional forms may be required for membership. Please be advised that any fees paid prior to the activation of a membership purchase are not applied to the price of that membership.

Signature _____ Date: _____

Staff Use Only:

Registration Fee Paid Auto Bill Filled Out Risk Survey Discount Eligibility Form

STAFF INITIAL: _____

DIRECTOR INITIAL: _____

****PAYMENT MUST ACCOMPANY REGISTRATION FORM****

AUTOBILLING:

I give The Center permission to bill my credit card monthly for the Specialty Program the last week of the month for the following month. I understand that I must give at least a 7-day notice in order to discontinue any automatic charges to my credit card.

Signature: _____ Date _____

Last 4 digits of card on file: _____ Type of card: Visa MasterCard AmEx Discover

Program Survey

Client Id# ____ / ____ - ____ - ____

**Child's Initials/ and date of birth (month-day-year)

Purpose: The purpose of this survey is to help you communicate any concerns you may have regarding your child and to help us develop programming to reduce risk factors associated with crime, violence, victimization, school failure, teen pregnancy, and other risky behaviors by strengthening factors that protect children and youth and encouraging the development of positive decision-making skills.

Please provide your answers to the following questions:

1. I am concerned about my child's school adjustment issues, including one or more of the following:

Yes No My child has missed 10 or more days in the last school year.

Yes No My child has been suspended and/or threatened with being expelled.

Yes No My child is enrolled in an alternative school.

Yes No My child does not like school.

2. I am concerned about my child's behavior regarding the law, such as:

Yes No My child has family members who have been involved or in trouble with law.

Yes No My child has been in trouble with the law, put on probation or placed in a Juvenile diversion programs.

Yes No My child has friends who are criminals, delinquent, or gang- involved.

3. Is this child in your care because he/she was removed from their home/parents:

Yes No

4. I am concerned for my child because we have a lot of crime in our neighborhood:

Yes No

5. My child has tried alcohol and/or tobacco and/or other drugs: **Yes No**

6. Does your child have a learning or physical disability? **Yes No**

7. Does your child have a 504 Plan or IEP from the School district? **Yes No**

8. Please provide any other concerns you might have:

Are you eligible for a discount?

Yes No Do you fall within the Poverty Guidelines for the 48 Contiguous States and the District of Columbia? (see below for chart*)

Yes No Do you receive food stamps or other government assistance?

POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,160 for each additional person.	
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890

* Department of Health and Human Services
<https://aspe.hhs.gov/poverty-guidelines>

Yes No Would you like to fill out an application for reduced fees?

