



### MEMBERSHIP APPLICATION

#### Member Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Ethnicity: \_\_\_\_\_  
DOB: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
New Member \_\_\_\_\_ Renewed Member \_\_\_\_\_

**School Information:** Current School (If Applicable): \_\_\_\_\_  
Current Grade (If Applicable): \_\_\_\_\_ Current Age: \_\_\_\_\_

#### Emergency Contacts:

**PRIMARY CONTACT:**

Name: _____	Name: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Email: _____	Email: _____
Parent/Guardian/Spouse: ___ Emergency: ___	Parent/Guardian/Spouse: ___ Emergency: ___
Person Authorized to Pickup Member: ___	Person Authorized to Pickup Member: ___
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Address H: _____	Address H: _____
Address W: _____	Address W: _____
DOB: _____	DOB: _____
Relationship: _____	Relationship: _____
Marital Status: _____	Marital Status: _____
Name: _____	Name: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Email: _____	Email: _____
Parent/Guardian/Spouse: ___ Emergency: ___	Parent/Guardian/Spouse: ___ Emergency: ___
Person Authorized to Pickup Member: ___	Person Authorized to Pickup Member: ___
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Address H: _____	Address H: _____
Address W: _____	Address W: _____
DOB: _____	DOB: _____
Relationship: _____	Relationship: _____
Marital Status: _____	Marital Status: _____

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Date of Last Medical Exam: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital: \_\_\_ Yes \_\_\_ No      Medicaid \_\_\_ Yes \_\_\_ No

Does your family have health and/or accident insurance: \_\_\_ Yes \_\_\_ No

Insurance Carrier: \_\_\_\_\_ Carrier Phone # \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Date Health Insurance Info Received \_\_\_\_\_

Special Needs / Health Issues \_\_\_ Yes \_\_\_ No If Yes, Explain \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_ Yes \_\_\_ No If Yes, Explain \_\_\_\_\_

\_\_\_\_\_

Date Medical info Received \_\_\_\_\_

<b>Shots:</b>	Hepatitis	MMR	HIB	Polio	DTP Shot	Chicken Pox
1 <sup>st</sup> Shot	_____	_____	_____	_____	_____	_____
2 <sup>nd</sup> Shot	_____	_____	_____	_____	_____	_____
3 <sup>rd</sup> Shot	_____	_____	_____	_____	_____	_____
4 <sup>th</sup> Shot	_____	_____	_____	_____	_____	_____
5 <sup>th</sup> Shot	_____	_____	_____	_____	_____	_____

**Disclaimer:**

I \_\_\_\_\_ agree to / hereby give \_\_\_\_\_ permission to attend and participate in programs sponsored by Hip Hop School of Arts in and out of its facility. I hereby release Hip Hop School of Arts, its employees, associates, and contributors from liability from any injury, loss or theft incurred by member named while participating. Furthermore, I hereby authorize medical examination and emergency treatment for member named by a qualified licensed physician in the event of an accident. I further understand that Hip Hop School of Arts has an "Open Door" policy, which means that member named may come and go at will. Further I give permission for member named picture to be used in Hip Hop School of Arts public relations. My signature indicates that I completely understand the above statement.

Parent's/Guardian/Member's Signature: \_\_\_\_\_ Member's Signature: \_\_\_\_\_

**Household (If Applicable):**

Member Lives With: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Foster Parents  
 \_\_\_ Other:

Number in Household: \_\_\_\_\_ Number Under 18 \_\_\_\_\_ Single Parent \_\_\_\_\_ Yes \_\_\_\_\_ No

**Miscellaneous**

**Open Door:**

Due to the fact that Hip Hop School of Arts is not a day care we cannot force any member of Hip Hop School of Arts to stay at the facility. We can notify them of what they are permitted to do and follow up with the parent/guardian of actions that has taken place.

Walk to Store       Call Parent    Allowed    Not Allowed  
 Leave HHSA       Call Parent    Allowed    Not Allowed  
 Walk Home       Call Parent    Allowed    Not Allowed  
 Walk from School  
to HHSA       Call Parent    Allowed    Not Allowed

**Video Games:**

The above named person has permission to play all of the following rated games:  
Hip Hop School of Arts has a policy that no one 11 years old or younger can play T or M rated games unless approved by parent or guardian.

"E" (for Everyone) rated games.       Allowed       Not Allowed  
"T" (for Teens) rated games.       Allowed       Not Allowed  
"M" (for Mature) rated games.       Allowed       Not Allowed

**Movies:**

The above named person has permission to view all of the following rated movies:  
Hip Hop School of Arts has a policy that no one 12 years old or younger can view PG-13 or R (no nudity is ever allowed at Hip Hop School of Arts, the R is focus on action, violence, horror etc...) unless approved by parent or guardian.

"G" (General) rated movies       Allowed       Not Allowed  
"PG" (Parental Guidance Suggested)       Allowed       Not Allowed  
"PG-13 (Parents Strongly Cautioned)       Allowed       Not Allowed  
"R" (Restricted)       Allowed       Not Allowed

**Bus Pick Up**

Will the member need Bus transportation from School to the HHSA?  Yes    No

**Physical:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**OFFICE USE ONLY:**

Entry Date:	Expiration Date:	Membership #:	Staff Int.	Site / Branch / Unit:	Fees: Paid (Add Fees)
					<input type="checkbox"/> \$0 <input type="checkbox"/> \$0 <input type="checkbox"/> \$0 <input type="checkbox"/> \$0 <input type="checkbox"/> \$0 <input type="checkbox"/> Fee Waived
		<input type="checkbox"/> New <input type="checkbox"/> Renewal			