

# St. Joan of Arc Youth Council

www.sjayouthcouncil.com

TOTAL AMOUNT PAID: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_

CASH: \_\_\_\_\_

REFUND: \_\_\_\_\_

201

Activity: \_\_\_\_\_ Cost: \_\_\_\_\_

Current Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Uniform not included in registration fee.

School \_\_\_\_\_

## Application for Membership

Child's Last Name: \_\_\_\_\_ Child's First Name \_\_\_\_\_ Male  Female

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_ Emergency Contact's Name \_\_\_\_\_  
(Other Than Parent)

Medical Condition \_\_\_\_\_  
\_\_\_\_\_ Emergency Contact's Phone # \_\_\_\_\_

### PLEASE READ AND SIGN THE FOLLOWING:

I, the parent/guardian of the child named above, hereby consent to his/her participation in the activities stated above of the St. Joan of Arc Youth Council. I accept all the risks and hazards incidental to such participation, including transportation to and from such activities. I hereby hold harmless and waive, release and resolve from liability St. Joan of Arc Youth Council, board, organizers, coaches, volunteers, parish, church, school employees, participants and persons, transporting my child except as may be covered by accident insurance. In the event my child is injured and I am not present and cannot be contacted, I hereby grant permission to St. Joan of Arc Youth Council or their designee, to obtain the necessary treatment from a qualified physician or emergency medical technician. I have listed any medical condition that should be noted before treating my child. I give permission for my child to be photographed or videotaped at the events. The SJAYC board retain the right to amend the Code of Conduct and the application form at any time for just cause.

I HAVE READ AND AGREE TO ABIDE BY THE ST. JOAN OF ARC YOUTH COUNCIL CODE OF CONDUCT.

Parent/Guardian Initial here \_\_\_\_\_ Child/Participant initial here \_\_\_\_\_

NOTE: NO REFUNDS OR CREDITS ISSUED AFTER 3RD WEEK OF ACITIVITY!

PLEASE NOTIFY THE BOARD IN WRITING VIA E-MAIL.

Date \_\_\_\_\_ Parents Full Name \_\_\_\_\_

(Please Print)

Witness \_\_\_\_\_ Parents Signature \_\_\_\_\_

(YC Officer Only)

**PARENTS ARE RESPONSIBLE FOR TRANSPORTATION  
REFUNDS SUBJECT TO BOARDS APPROVAL**