

DECATUR YOUTH SERVICES
1202-B 5th AVE SW
PHONE (256) 341-4690
FAX: (256) 341-4699

FAMILY INFORMATION

Head of Household/Guardian Name: _____ **SS#:** ___ / ___ / ___ **DOB:** _____
Last **First** **Maiden**

Head of Household/Guardian's Place of Employment: _____ **Shift:** _____ **Employer's Address:** _____
Street **City** **State** **Zip code**

Head of House Hold Occupation: _____ **Head of House Hold Phone:** _____ **House Hold Income:** \$0 ___ \$10,000 ___ \$10,000 ___ \$20,000 ___ \$20,000 ___ \$30,000 ___ \$30 or above ___

Income Source Amounts? **Employment** _____ **SSDI** _____ **SSI** _____ **Other:** _____ **Family Size** _____ **Number of Adults** _____ **Number of Children** _____ **Number of personal Vehicles** _____

Spouse's Name: _____ **Spouse's Employment:** _____ **Work Phone:** _____
Last **First**

Occupation: _____ **List other Members of House Hold:** _____

PARTICIPANT SS # ___ / ___ / ___ **PARTICIPANT INFORMATION** **MEMBER ID#** _____

Full Name of Participant: _____ **DOB:** _____ **Age:** _____
Last **First** **Middle** **Nickname**

Ethnicity: _____ **Male:** ___ **Female:** ___ **Name of School:** _____ **Grade:** _____ **Home Phone:** _____
Black **White** **Hispanic** **Other (Specify)**

Home Address: _____ **City/State:** _____ **Zip Code:** _____ **Any Medical Problems? / Allergies** _____

Please (check) Activity/Program or type of assistance needed.

TUTORING	BOXING	WRESTLING	RECONNECTING YOUTH	FALL BASKETBALL	SUMMER BASKETBALL	GIRLS - 2 - WOMEN	BASE BALL
DAY PROGRAM	T-FOCUS	SPIRIT PACK (AUSTIN)	M-CATS	FATHERHOOD	MENTORING	YOUTH EMPLOYMENT PROGRAM	
SUMMER SCHOOL \$	POP WARNER FOOTBALL \$	CHEER LEADER \$	RIVER CITY FOOTBALL \$	CHEER LEADER \$	SUMMER CAMP \$		
OTHER	OTHER	VOLUNTEER					

MEDICAL INFORMATION

Emergency Day Contact: _____ **Phone:** _____ **Emergency Night Contact:** _____ **Phone:** _____

Doctor's Name: _____ **Doctor's Phone** _____ **Participant's has Insurance?** **Yes** ___ **No** ___ **Insurance Company** _____

Preferred Hospital: _____

PARTICIPANT RELEASE

Because this program is funded in part by the Community Development Block Grant (CDBG) Entitlement Funds from the U.S. Department of Housing & Urban Development (HUD) through the City of Decatur, the following information is required. Any falsification of the following information could be just cause for this program to lose this source of funding.
 We, the Head of House Hold/Guardian of the above participant, hereby give our approval for his/her participation in the above named activity. We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. We do hereby release, absolve and hold harmless the organizers of the activities, sponsors and anyone connected with the program. In case of injury to my son / daughter, I hereby waive all claims against the organizers and supervisors of the activities.

HEAD OF HOUSEHOLD/GUARDIAN: _____ **DATE:** _____

SPOUSE'S SIGNATURE: _____ **DATE:** _____