



Staff Initial and EYC
Stamp

**SUMMER MEMBERSHIP
APPLICATION 2010**

NAME: _____

ADDRESS: _____

TOWN: _____

POSTAL CODE: _____

TELEPHONE: _____

SCHOOL: _____

DATE OF BIRTH: _____

SEX: M _____ F _____

MEDICAL INFORMATION:

Name of Parent of Guardian / Emergency Contacts:

NAME	HOME PHONE #	WORK PHONE #

HEALTH CARD # _____

Are there any other medical problems (including allergies) that may require our knowledge or attention? If so please describe:

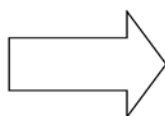
I, _____, hereby apply for membership to the Essex Youth Centre, I agree to abide by the rules and regulations of the Essex Youth Centre. I will be responsible for the equipment, computers, etc. that I use in the centre. I am aware that failure to adhere to policies and rules may result in my suspension and loss of privileges as a bona fide member of this organization.

Signature of Applicant

Date

NO COST FOR THE SUMMER PROGRAM

**OUR
ONE
RULE !**



**Respect Yourself
Respect Others
Respect the property around you**