

# HOPE + FUTURE

Hope & Future, Inc. + 6515 Polk Street, West New York, NJ 07093 + (973) 830-9406 + www.hope-future.us

## Membership Application (Please Print)

### Member Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: Street / APT. / House # (Line 1): \_\_\_\_\_

Address: City / State / Zip Code (Line 2): \_\_\_\_\_

Member's Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Provider (EX: T-Mobile): \_\_\_\_\_

Member's Email: \_\_\_\_\_

Class Notification Preference – *Circle One*: TEXT EMAIL Gender - *Circle One*: MALE FEMALE

Date of Birth (MM / DD / YYYY): \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School: \_\_\_\_\_ Lunch - *Check One*: \_\_\_ Free \_\_\_ Reduced

### Contact Information

Mother's Name: \_\_\_\_\_ Emergency Contact Phone #: (\_\_\_\_) \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Emergency Contact Phone #: (\_\_\_\_) \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Emergency Contact Other: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### Medical Information

Doctor Name: \_\_\_\_\_ Doctor Phone #: (\_\_\_\_) \_\_\_\_\_

Serious Health Problems: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, explain: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, explain: \_\_\_\_\_

### Household Information

#### (Check One)

Member Lives with: \_\_\_ Mom \_\_\_ Dad \_\_\_ Step Mom \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Foster parent(s)

Other: \_\_\_\_\_

# of Children under 18 years old in Home: \_\_\_\_\_ # of Adults in Home: \_\_\_\_\_

Is Parent/Guardian active in Military? Yes No If yes, which Branch: \_\_\_\_\_

Is someone in the home Handicapped? Yes No

### Member General Information

T-Shirt Size: \_\_\_\_\_ Short Size: \_\_\_\_\_ Favorite Number: \_\_\_\_\_ High School Graduation Year: \_\_\_\_\_

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Member's Name: \_\_\_\_\_

By completing this membership application to Hope + Future Center of Hudson County

(PLEASE PRINT YOUR NAME) PARENT or GUARDIAN: \_\_\_\_\_

1. Give my permission for my child to become a member of Hope + Future Center and understand that the Hope + Future Center is not responsible for lost or stolen items.
2. Give permission to the Hope + Future Center to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.
3. Give permission, in case of accident of injury, that emergency first aid be given and that warranted treatment by a doctor or hospital be permitted. Hope + Future Center is not responsible for the cost of treatment for personal injury; nor is Hope + Future Center liable for any personal injury or loss of property.
4. **Understand that the Hope + Future Center is NOT, nor does it claim to be, a licensed day care center. Parents and Center members are responsible for their own transportation to and from the Center. As a drop-in-facility, the Hope + Future Center is not responsible for members' whereabouts.**
5. Allow my child to be transported to and from any Hope + Future Center activity, special event or emergencies.
6. Give permission for Hope + Future Center to survey my child about his or her Center experience, behaviors, skills and attitudes using Hope + Future Center Survey or other survey instruments.
7. Understand that as a member of the Hope + Future Center, my child will have access to the Internet. While precautions are being taken, it is possible that my child may access inappropriate sites. Hope + Future Center will have rules and consequences in place at the Hope + Future Center for such behavior; however, the Center will not be responsible for the consequences of such access.
8. The parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Hope + Future Center their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Center.
9. Photographic Release: I grant and convey to the Hope + Future Center all right, title, and interests in any and all photographs, images, video, or audio recordings of Member or Member's likeness or voice made by Hope + Future in connection with being a Hope + Future Member.

**I have read the completed application and this form, understand the rules of the Hope + Future Center and request that my child be admitted into membership.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Club Member's Signature

Hope + Future Staff Member Witness (Print): \_\_\_\_\_

Staff: Ask How Did Member Hear About Hope + Future Center:  Friend  Parent  H+F APP  Website  
 Email  Mailing  School  Church  Other (Please Specific): \_\_\_\_\_

*Information that will be disclosed to Hope + Future Center include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Hope + Future Center, including data collected via surveys or questionnaires. All information provided to Hope + Future Center will be kept confidential.*