



YOUNG MEN'S SOCIAL CLUB, INC.

Set The Target, Meet The Goal. Today, Tomorrow & Forever!

Membership Data Form

Youth Division

**ATTACH
PHOTO**

APPLICANT INFORMATION

This form can be used to report new membership or information changes. One Form Per Child.

Please print legibly.

Child's Information

Surname

First

Middle

Date of birth:

DD

MM

YY

Age:

Clothing Size:

PARENT'S CONTACT INFORMATION:

Name

Mother

Father

Address:

Parish/Postal Code:

Cell Phone:

Work Phone:

Email:

PLEASE CHECK THE APPROPRIATE BOX BELOW:

New Member

Rejoining Member

Male

Female

ASAP

Football

Cricket

Netball

Dance

Softball

Other

PERSONAL INFORMATION:

School:

Grade:

Doctor:

Insurar

Aspiration:

EMERGENCY CONTACT OR AUTHORISED PERSON WHO MAY COLLECT YOUR CHILD:

Name:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

Email:

CHANGE OF CONTACT INFORMATION:

DATE OF CHANGE: DD

MM

YY

Former Name: Surname:

Forenames:

New Name: Surname:

Forenames:

Home Phone:

Cell:

E-mail:

Fax:

Former Address:

New Address:

ANNUAL DUES: \$100.00 EARLY BIRD BY JUL 31 - \$150 BY AUG 16

AFTER AUG 16 AND ALL NEW PLAYERS \$175

Signature of Parent:

Date:

NB: This Application must be accompanied by the Fee with one year's subscription payable to Young Men's Social Club (Youth). New Member must submit a copy of passport or birth certificate.



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WAIVER & INDEMNITY

I hereby grant permission for my son/daughter to participate in activities and games organized on behalf of the Youth Division of the Young Men's Social Club, Inc.. I agree that the Clubs, coordinators, managers, coaches, tutors or assistants will not be held liable for any personal injury as well as loss or damage to personal property, while participating in these activities.

Parent's Name: _____ Parent's Signature: _____
(Please print)

(Please sign form in the presence of your witness)

Witness' Name: _____ Witness' Signature: _____
(Please print)

Date: _____

Education Report Consent

I, _____ (Parent/Guardian) give consent to YMSC to obtain
 progress grading of my child _____ (Child Name) from their school.

 Parent/Guardian Signature

 Date

1. By signing this consent letter, it is agreed that this consent remains in effect as long as my child is enrolled in the YMSC program.
2. It is also agreed that if my child is identified as one needing assistance due to grades/comments received you will be contacted and your child automatically is enrolled in the After School Assistance Program (ASAP).
3. Attendance to the ASAP or written proof from another tutoring program will determine my child's eligibility to participate in any team matches.
4. If my child grades shows improvement to a level deemed satisfactory by the ASAP, then at this time it will be optional if my child continues to attend the ASAP. If at any time there after my child's grades fall off then point 2 will be applied.