

Leu Civic Center, Inc. Membership Form 2010/2011

A United Way Agency

Expiration: _____

Type: Family \$35.00 Adult 18+ \$20.00 Scholarship

Family Last Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Emergency #: _____

Guardian Signature: _____ Date: _____

The Leu Civic Center (A United Way Agency) applies for Government Grants to help with the funding of many of our programs. Filling out these grants as well as many government reports requires the following information. PLEASE fill out the remaining part of this form to help ease the burden of these reports.

Please print all names of the family members that will be under this membership application. Parental consent is needed to participate in Leu Civic Center activities! I, the parent/ step parent or legal guardian of:

Please circle one. Income eligibility is required in many reports.

Please Indicate if your child has a medical condition- If your child does, a medical release form is required.

Annual Household Income:

Adult: _____ D.O.B. ____/____/____ Age _____

\$0 to \$9,999

\$30,000 to \$49,999

Adult: _____ D.O.B. ____/____/____ Age _____

\$10,000 to \$14,999

\$50,000 to \$99,999

Child: _____ D.O.B. ____/____/____ Age _____

\$15,000 to \$19,999

\$100,000 and Greater

Child: _____ D.O.B. ____/____/____ Age _____

\$20,000 to \$29,999

Unknown

Child: _____ D.O.B. ____/____/____ Age _____

Child: _____ D.O.B. ____/____/____ Age _____

Please check one (More than one, please check both)

___Caucasian ___African-American ___Asian ___Hispanic ___Other

(Add additional family members on the back)

NO ACCIDENT INSURANCE WILL BE FURNISHED!

Thank You for your membership to your support of the Leu Civic Center. **We are always in need and appreciate Volunteers.** Please see the director if you would like to help with a program or a sport.

“OUR KIDS ARE WORTH IT”

I do hereby consent and agree that the above named minors/adults may participate in activities at or sponsored by the Leu Civic Center. It is agreed that the Leu Civic Center Board, Staff, Director \$ Mascoutah Parks Board assume NO LEGAL LIABILITY for the injuries or other losses as a result of participation. It is further agreed that this consent shall remain in full force and effect until the expiration of membership. Every family member is in good physical health, and/or any health related problems will be listed and a medical release form will be given to both, LCC Office and Instructors/coaches by the parent/guardian.

Please use the space below to provide anything else that you feel we should know about your child.

I do give my permission for the LCC staff to take and use my child's photograph,; it may be used for public display, advertisement. I also agree to my child having access to the internet with supervision by LCC staff and volunteers.

_____ A Proud Member Of

Payment: Initial: _____ Date: _____
CHECK# _____ MONEY ORDER# _____

Email Address: _____

