



[www.lagunamadrekids.org](http://www.lagunamadrekids.org)  
**Laguna Madre Youth Center**  
 190 PORT ROAD, PORT ISABEL TEXAS 78578  
 (956) 943-6310 \* FAX (956) 943-4331

2019 – 2020 Registration

RECEIVED: _____
RECEIPT #: _____ Date: _____
CASH/CHECK Amount _____
STAFF: _____
SPORT: _____
MEMBERSHIP NUMBER: _____

FIRST NAME: \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

D.O.B. (MONTH/DAY/YEAR): \_\_\_\_\_ AGE \_\_\_\_\_ GENDER: M / F

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ WHITE \_\_\_\_\_ HISPANIC \_\_\_\_\_ AFRICAN AMERICAN \_\_\_\_\_ ASIAN \_\_\_\_\_ OTHER \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GARRIGA \_\_\_\_\_ DERRY \_\_\_\_\_ JR. HIGH \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

GRADE LEVEL: K 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> 4<sup>TH</sup> 5<sup>TH</sup> 6<sup>TH</sup> 7<sup>TH</sup> 8<sup>TH</sup> 9<sup>TH</sup> 10<sup>TH</sup> 11<sup>TH</sup> 12<sup>TH</sup>

TEACHER NAME: \_\_\_\_\_

MEMBER SHIRT SIZE: 

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**PARENT/ GUARDIAN INFORMATION:** DOES CHILD LIVE WITH YOU? YES / NO

MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ **HEAD OF HOUSEHOLD** \_\_\_\_\_ DAD \_\_\_\_\_ MOM \_\_\_\_\_

**Yearly Family Income information for Grant Purposes:** The following information is optional, but needed for statistical purposes to receive funding, statistical information, and program grant funds. This information will be confidential and in no way affect involvement in our programs.

YEARLY FAMILY INCOME: \_\_\_\_\_ \$0- \$10,000 \_\_\_\_\_ \$10,001- \$20,000 \_\_\_\_\_ \$20,001- \$30,000  
 \_\_\_\_\_ \$30,001- \$40,000 \_\_\_\_\_ \$40,001- \$50,000 \_\_\_\_\_ \$50,000- and up

MOTHER'S NAME: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AGENCY: \_\_\_\_\_ WORK# \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AGENCY: \_\_\_\_\_ WORK# \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

OTHER PERSON "AUTHORIZED" TO PICK UP MEMBER: \_\_\_\_\_ PHONE # \_\_\_\_\_

OTHER PERSON "AUTHORIZED" TO PICK UP MEMBER: \_\_\_\_\_ PHONE # \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION:**

CHILD'S DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PREFERRED HOSPITAL OR CLINIC: \_\_\_\_\_

DO YOU HAVE MEDICAL INSURANCE? YES / NO

INSURANCE COMPANY: \_\_\_\_\_ INSURANCE PROVIDER: \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ MEDICATION: \_\_\_\_\_

Laguna Madre Youth Center is **NOT** a Licensed Day Care.

## PARENTS CONSENT AND RELEASE

I understand that Laguna Madre Youth Center has an open campus policy that is in effect at all times. I further understand that the Laguna Madre Youth is NOT responsible for the time or manner in which my child (or ward) may arrive at or leave the facility.

I understand and agree that my child (or ward) must be picked up by closing time or a fee will be charged that must be paid before my child (or ward) can return to the Club. The charge for late pick up is \$5.00 per 15 minutes, per child. The child(ren) may not return to the Laguna Madre Youth Center until the amount has been paid or arrangements have been made. I give permission for the Center to administer occasional anonymous surveys to my child (or ward) for purposes of better understanding the needs of my child (or ward) and the impact of the club on my child (or ward). I give permission for the Center to make and retain copies of my child's (or ward's) report cards and/ or progress reports or to be given access to PIISD records pertaining to my child (or ward) for grant related purposes and to better understand the academic needs of my child (or ward) and to better assist him/her in his/ her educational pursuits. I understand that the copies made of report cards and/or progress reports will remain confidential and will only be viewed by Laguna Madre Youth Center staff. **No refunds granted under any circumstances.** I, also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should a participant become ill or injured while participating in activities away from home, or at any other times when neither available to grant authorization for emergency treatment.

Parent's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I Do

\_\_\_\_\_ I Do Not

**Give permission to the Laguna Madre Youth Center, take pictures and videos of my child(ren) and shared at the club and social network.**

**Attach: Parent and Member Hand Book. Please sign and returned to the office.**