

# LOCO BLOCO Fall 2009 YOUTH REGISTRATION FORM

All Loco Bloco classes are free for youth 18 years and younger. If you are interested in supporting Loco Bloco community arts programs, a donation of \$50 per semester is greatly appreciated.

**Class Name** \_\_\_\_\_ **Application Date:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Full Name:** \_\_\_\_\_ **Gender (circle one):** Male - Female  
**Address:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Teacher / Counselor:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Home Phone:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
**Birth place:** \_\_\_\_\_ **Cell Phone:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
**DOB:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Age:** \_\_\_\_ **Participant E-mail:** \_\_\_\_\_

**LANGUAGE (Circle all that apply):**

- English
- Spanish
- Samoan
- Other: \_\_\_\_\_

**English Fluency (Circle one):**

Fluent    Somewhat Fluent    Not Fluent

**ETHNICITY (Circle all that apply):**

- African American
- Pacific Islander
- Native American
- Other: \_\_\_\_\_
- Caucasian
- Specify: \_\_\_\_\_
- Asian Specify: \_\_\_\_\_
- Latino/a Specify: \_\_\_\_\_

**WHO DOES THE MEMBER LIVE WITH? (Circle all that apply):**

- Both mother and father
- Father only
- Guardian
- Mother only
- Grandparents
- Other: \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Workplace \_\_\_\_\_

Workplace \_\_\_\_\_

Work Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT(S)**

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**In case of a medical emergency, the medical attendant may need to know the following information:**

Allergies: \_\_\_\_\_ Any known illnesses or injuries: \_\_\_\_\_

Medication (name, amount and frequency) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Contact Information: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Health Insurance: YES - NO - DON'T KNOW** (If yes, please circle the insurer and supply the provider #)

- Employer
  - Healthy Families / Healthy Kids
  - Medi-Cal
  - Other: \_\_\_\_\_
- Provider # \_\_\_\_\_

**\*\*\*BOTH SIDES OF THE FORM MUST BE COMPLETELY FILLED TO BE ELIGIBLE FOR MEMBERSHIP\*\*\***

Circle the number in your household (including brothers and sisters) from row one and circle the total income information for your household in the column beneath:

Number in Household	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8+ People
<b>Total Household Income</b>	1 Below \$23,750	5 Below \$27,150	9 Below \$30,550	13 Below \$33,950	17 Below \$36,650	21 Below \$39,350	25 Below \$42,050	29 Below \$44,800
	2 \$23,751 – 39,600	6 \$27,151 – 45,250	10 \$30,551 – 50,900	14 \$33,951 – 56,550	18 \$36,651 – 61,050	22 \$39,351 – 65,600	26 \$42,051 – 70,100	30 \$44,801 – 74,650
	3 \$39,601 – 63,350	7 \$45,251 – 72,400	11 \$50,901 – 81,450	15 \$56,551 – 90,500	19 \$61,051 – 97,700	23 \$65,601 – 104,950	27 \$70,101 – 112,200	31 \$74,651 – 119,450
	4 Above \$63,351	8 Above \$72,401	12 Above \$81,451	16 Above \$90,501	20 Above \$97,701	24 Above \$104,951	28 Above \$112,201	32 Above \$119,451

**PLEASE READ CAREFULLY**

**By signing this I understand that my child will automatically be registered at all Loco Bloco sites, Mission Beacon Center, Columbia Park Boys & Girls Club, Bay View Beacons & GASA (Girls After School Academy).**

**YES NO** I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by Loco Bloco Drum and Dance Ensemble

**YES NO** My Child has permission to ride on the Mission Van Collaborative vans. I release the Mission Van Collaborative member agencies and the Jamestown Community Center from all responsibility for any accident or injury related to my child's riding on the van. In case of emergency, I give permission for staff or volunteers from the Mission Van Collaborative member agencies to take my child to the closest medical facility. If I cannot be reached in case of an emergency, please contact the emergency contacts listed above.

**YES NO** I hereby give permission for my son/daughter to participate in routinely scheduled activities that occur off-site. I understand that staff will supervise all activities. For any special events or field trips, you will receive a separate permission slip.

**YES NO** I hereby give my consent to be contacted about health insurance and other health services for my child.

**PICK ONE** My child is a \_\_\_ Good swimmer \_\_\_ Needs supervision while swimming \_\_\_ Has never swam before

I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a Loco Bloco program. **It is understood that the cost thereof will be at my expense.** To protect the safety of staff and our members and reduce liability, Loco Bloco staff does not dispense or store medication of any kind for our members.

I hereby give my permission to my child to become a member of Loco Bloco Drum and Dance Ensemble.

Attendance is contingent upon member's following expectations and exhibiting positive behavior. Loco Bloco reserves the right to suspend or terminate attendance and/or membership at any time if guidelines are not followed.

\_\_\_\_\_  
**Parent or Guardian's Signature** **Date**

I promise to take care of all Loco Bloco property and return back any costumes or equipments lent out to me.

I agree to attend all practices and rehearsals. For safety purposes, if I'm going to be late or absent I will call and inform the coordinator of that site.

\_\_\_\_\_  
**Member's Signature**