

Marshall Area Community and Youth Center

Program Registration Grades 4th-8th

2018-2019

Name: _____

Grade: _____

Parent/Guardian Information

Name: _____

Day phone: _____

Address: _____

Evening Phone: _____

Email: _____

Attendance Policy: Daily attendance is on a "drop in" basis: Participants may attend the program on any program day without having to register ahead of time. Participants need to sign in when arriving, and out when leaving.

Participation Policy: Participants in the Marshall Area Community and Youth Center's program are expected to participate in the activities offered at the time they are at the Center, and to behave in a safe and respectful manner towards themselves and other participants in the program and toward Community Center staff and volunteers. Unsafe, disruptive and disrespectful behavior will not be tolerated.

Acknowledgement of the attendance and Participation Policies and Permission to Participate: I have read and understand the attendance at participation policies.

_____ has my permission to attend the Middle School Drop-in Program and to participate in the activities at the Marshall Area Community and Youth Center.

Parent/Guardian Signature

Date

*Any questions please contact Carrie Diedrick at (608)655-8097 or at macyc@myfrontiermail.com

EMERGENCY CONTACT AND CURRENT HEALTH INFORMATION

Participant Information

Name: _____ Date of Birth: _____

Physician:	Physician's Phone Number	Preferred Hospital

Emergency Contacts

Name:	Relationship:	Home/Mobile Phone	Work Phone
1.			
2.			

Please list any other health concerns you have:

Allergies:

Parent/Guardian Signature

Date

* Any questions please contact Carrie Diedrick at (608)655-8097 or at or at macyc@myfrontiermail.com