



RAE'S HOPE, INC

Membership Form

Participants Information

NAME: _____ Date _____

ADDRESS: _____ City _____ State _____ Zip _____

AGE: _____ GRADE (2010) _____ Birthday _____

Mother's Name: _____ Fathers name: _____

Mother's Cell Phone: _____ Fathers cell phone: _____

Mother's Work phone _____ Father's work phone _____

Mother's work place: _____ Father work place _____

Home Phone: _____

Mother's email address: _____

Father's Email address: _____

Emergency Contact Information In case of an emergency, parent or guardian will be contacted first.
Please list an alternate emergency contact.

Emergency Contact _____ Relationship _____

Telephone Number _____ Cell Number _____

Mother's Educational Status (check all that apply)

___ No High school Diploma ___ High School Diploma ___ Master's Degree

___ Associates ___ GED ___ Bachelors Degree

___ Some College ___ Business/Trade Degree ___ Doctorate Degree

Father's Educational Status (check all that apply)

___ No High school Diploma ___ High School Diploma ___ Master's Degree

___ Associates ___ GED ___ Bachelors Degree

___ Some College ___ Business/Trade Degree ___ Doctorate Degree

(REVIVE ABILITY EMPOWER SUCCESS HELPING OTHERS PERSEVERE EVERYDAY)



Participants Name _____

Current Family Status (Check all that apply)

Live with: Mother only _____ Father only _____ Both Mother and Father _____

Grandmother _____ Grandfather _____ Both Grandmother and Grandfather _____ Other _____

Race Ethnicity

Hispanic _____ African American _____ Native American _____ other _____

Eligibility for Reduce or Free Lunch _____yes _____ no

Medication

Does your child take prescription medication _____ Yes _____ No

Rae's Hope, Inc. will **NOT** be responsible for administering medication to children.

Health Concerns/ Activity Restrictions

Please list any allergies, behavioral, psychological, emotional conditions or other special needs regarding your child.

Treatment for allergic reaction _____

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RAE'S HOPE, INC

Participants Name _____

Consent to Participate

I hereby give my permission for the child named above to participate in Rae's Hope, Inc. Education and Sports programs.

As a condition of her acceptance into to Rae's Hope, Inc. Education and Sports programs I herby certify that:

- I am the parent/legal guardian of the child named on the application
- In consideration of member participation for programs of Rae's Hope, Inc. I understand my child will attend summer camps, participate in sports activities, life skills training, healthy living programs, community service projects ,attend field trips and be a part of the book club and to an active fund raiser.
- I here by permit Rae's Hoe Inc. to use In whole or in part, photographs, videos, written extractions and voice recordings of the above name member for the purpose of illustrations , Rae's Hope, inc website, and other publications.
- I certify that the above named child is in good health and may participate in all activities. In case of emergency, in the event that I cannot be reached I give my permission for the above named member to be given emergency treatment a any hospital reasonable accessible.
- There will be a **\$50.00** membership fee every year.
- Registration fees or funds raised are non- refundable or transferable from one child to another.

I hereby agree to protect Rae's hope Inc. board of Directors and all their representative, employees, agents teachers, volunteers, coaches and officials, and do hereby hold all such people and entities harmless of and from any loss, liability, claim, injury, damage, or expense of any nature whatsoever which might be incurred, or otherwise accrued to my child or the undersigned by virtue of her participation in during to include, but not limited to, travel to and from games, field trips whether by my own means, organizations programs provided means of otherwise.

THIS IS CERTIFYING THAT I HAVE RED AND FULLY UNDERSTAND THIS AUTHORIZATION CONSENT FORM. I AGREE TO ALL TERMS AND CONDITIONS CONTAINED HEREIN.

Signature of Parent/ guardians _____

Print Signature _____

Date _____

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