



- Maine Youth Alliance -

MEMBERSHIP ENROLLMENT FORM**YOUTH INFORMATION** Preferred Contact Method: Mobile Phone Home Phone Text Message Email Facebook Parents/Guardian

Name: _____ (Last) _____ (First) _____ (MI/)
 DOB: _____ Age: _____ T-Shirt Size: _____
 (Youth 5L OR Adult 5-XXL)
 Grade: _____ School Name: _____ OR Home Schooled

Youth Phone: _____ Home Mobile Youth Email: _____

YES, I have siblings who attend The Game Loft as well as myself. Their initials are: _____ - This is my first membership
 NO, I do not have siblings who attend The Game Loft as well as myself

PARENT/GUARDIAN INFORMATION Preferred Contact Method: Mobile Phone Home Phone Text Message Email Facebook

Name: _____ Relationship: _____
 Address: _____ (Street) _____ (City) _____ (Zip code)
 Phone: _____ Home Mobile Alt. Phone: _____ Work Mobile
 May we contact you at work? YES NO

Name: _____ Relationship: _____
 Address: _____ (Street) _____ (City) _____ (Zip Code)
 Phone: _____ Home Mobile Alt. Phone: _____ Work Mobile
 May we contact you at work? YES NO

EMERGENCY CONTACT INFORMATION MUST BE an ADULT & NOT the youth's Parent/Guardian(s).

Name: _____ Relationship: _____
 Address: _____ (Street) _____ (City) _____ (Zip Code)
 Phone: _____ Mobile Home Alt. Phone: _____ Mobile Work

EMERGENCY MEDICAL INFORMATIONDoes the youth have any chronic medical conditions that we should/need to be aware of? YES NO If YES, please explain.Is the youth taking any medications that we should/need to be aware of? YES NO If YES, please explain.Does the youth have any allergies that we should be aware of? YES NO If YES, please explain.**VOLUNTARY REPORTING INFORMATION**

The following information is used for funding purposes. Thank you for sharing these answers with us.

Ethnicity: Hispanic Non-Hispanic Race: American Indian/Alaska Native African American Asian Native Hawaiian/Pacific Islander White
 Is the above mentioned enrolled in Special Education/have an IEP? Yes No Do they live on a farm? Yes No
 Does the youth receive free OR reduced school meals? Yes No Are they eligible for MaineCare services? Yes No

PHOTO/IMAGE RELEASE CONSENT

Please refer to the back side of this form for additional information.

YES, I do consent to allow Maine Youth Alliance (dba, The Game Loft), without consideration or compensation, to publish and use my likeness, including, but not limited to, my photograph and any digital, visual, audio or written recordings of, about and/or with me, for use in The Game Loft: Newsletters, Website, Social Media, Brochures, Video/Film, Press Releases, Established Media Outlets, The Game Loft Staff/Volunteers/Affiliates, Members of the Public, and Other Identified Formats

NO, I do not...

PARENT/GUARDIAN CONSENT

By signing below I, as the parent/guardian of the above youth, give my permission for them to: attend The Game Loft programming and be transported by staff members or approved volunteers in organization vehicle(s) for general programming activities and/or events.

Parent/Guardian Signature: _____

Date: _____

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