ERIARS PROGRAM REGISTRATION FORM

www.friarsclubinc.org

NOTE: Only check one box! Use separate registration forms for each activity category selected and for each child registered.					
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Participant's Name School School					
Grade Age Birth Date Community you live in					
Address	Zip	Phone			
E-mail (only if used)					
Mother's Full Name		Cell Phone			
Place of work		Job Title			
Father's Full Name		Cell Phone			
Place of work		Job Title			
Emergency Contact's Name Phone					
Uniform Needed: (check one) 🛛 Yes or 🏾 No	Uniform Size: (check one)	I YS 🗆 YM	🗆 YL		
□ Male or □ Female		I AS 🗆 AM		D AXXL	
DEMOGRAPHIC INFORMATION MUST BE COMPLETED FOR ALL PARTICIPANTS					
This information is for demographic reporting for our various funding sources. This information does not affect your child's acceptance or position in any of our programs.					
Ethnic Background: White Black Hispanic Asian Appalachian Bi-Racial Other () Yearly Income: Below \$10,000 \$10,000 - \$14,999 \$15,000 - \$19,999 \$20,000 - \$29,999 \$30,000 and above \$50,000 and above \$80,000 and above \$100,000 and above \$100,000 and above					
Household: ¹ 2 Parent ¹ 1 Parent ¹ 1 Parent ¹ 1 Parent ¹ Total number of children in the household ¹ Reduced Lunch ¹ Free Lunch ¹ Yes ¹ No ¹ Yes ¹ No ¹ Yes ¹ No ¹ Yes ¹					
I accept all the rules of the Friars Club Inc. and release them from liability and responsibility from my child while participating in their program. I give permission, for Friars, to use my child's likeness for public relation purposes, to have my child attend any field trips and to get proper medical treatment in an emergency situation. I understand that sports require my child to be of good health and hereby deem that my child is physically fit enough to participate. I am aware that Friars recommends that my child have a doctor's physical before participating. I release Friars Club Inc. of all liability and responsibility from my child while participating in their program in relation to Covid-19.					
List any medical conditions for Friars to be aware of					
Parent's Signature			Date		
FOR OFFICE USE ONLY					
Date: Amount: \$ 🗆 Ca	sh 🗆 Check # 🛛 Crea	dit Card 🛛 Paymen	t tendered on Swipe	Staff initials:	
Date: Amount: \$ 🗆 Ca	sh 🛛 Check # 🗆 Crea	dit Card 🛛 Paymen	t tendered on Swipe	Staff initials:	
FINANCIAL AID APPLICANTS ONLY:					
JULE FEY SCHOLARSHIP FUND					
Child's Name Guardian's Name					
Do you need financial aid? Yes Why?					
Monthly Income Month			MPLOYED?	UNEMPLOYED?	
What public assistance do you receive?					
** <u>CANNOT BE APPROVED WITHOUT: A COPY OF PUBLIC ASSISTANCE—A CURRENT PAY CHECK STUB or UNEMPLOYMENT</u>					
VERIFICATION—LAST YEAR'S TAX RETURN**					