



HAWTHORNE COMMUNITY CENTER CLIENT STATISTICAL INFORMATION

PROGRAM CODE: _____

TRACKING NO: _____

Application Date: _____ **MEMBERSHIP YEARS:** _____

NAME OF APPLICANT: _____
Last First MI

ADDRESS: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ BIRTHDATE: _____ SEX: _____

RACE: Caucasian African American Hispanic/Latino Bi-Racial Other

RESIDE W/ SINGLE PARENT: Male Female Grandparent DISABILITY: _____

SCHOOL: _____ 21st CENTURY SCHOLAR: Yes No

EMERGENCY CONTACT: _____ PHONE: _____

FAMILY MEMBERS

LAST	FIRST	MI	REL	AGE	Birthdate MO DA YR	SEX	College Graduate YES/NO

Total Number in Household: _____

▲ RELATIONSHIP

- 1. Spouse
- 2. Child
- 3. Other Relation
- 4. Not Related
- 5. Parent
- 6. Grandchild
- 7. Grandparent

Monthly Family Income	Income
<i>SOURCE</i>	<i>AMOUNT</i>
Wages	
TANF	
SSI Disability	
Social Security	
Pension	
Unemp. Comp.	
Food Stamps	
Child Support	
Total Monthly Income	\$

DISCLOSURE PRIVACY STATEMENT

SERVICES WILL BE PROVIDED WITHOUT DISCRIMINATION BECAUSE OF RACE, AGE, COLOR, RELIGION, SEX, HANDICAP, NATIONAL ORIGIN OR ANCESTRY

THIS AGENCY IS REQUESTING INFORMATION NECESSARY TO COMPLY WITH THE REQUIREMENTS OF FUNDERS OF THIS PROGRAM. I UNDERSTAND THE INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL BUT MAY BE SHARED WITH OTHER AGENCIES TO WHICH I MAY BE REFERRED FOR SERVICES. I UNDERSTAND I MAY BE REQUESTED TO VERIFY THESE STATEMENTS, AND GIVE MY CONSENT TO THIS AGENCY TO MAKE ANY NECESSARY CONTACTS TO VERIFY ANY STATEMENT. DISCLOSURE OF INFORMATION RELATING TO RACIAL/ETHNIC BACKGROUND, SEX, MARITAL STATUS, OR HANDICAP IS STRICTLY VOLUNTARY. STATISTICAL INFORMATION WILL BE PROVIDED TO THE FUNDERS OF THIS PROGRAM. FOR THE PURPOSE OF BETTER PLANNING AND DELIVERY OF SERVICES TO THE COMMUNITY. I UNDERSTAND THAT MY REFUSAL TO ALLOW THIS WILL NOT PREVENT MY RECEIVING ANY SERVICES FOR WHICH I AM ELIGIBLE AND THAT I HAVE THE RIGHT TO CORRECT OR DELETE ANY PORTION OF IT AT ANY TIME.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND MY RIGHTS AND OBLIGATIONS AND HAVE RECEIVED A COPY OF THEM.

TOTAL YEARLY INCOME \$ _____

Does Child qualify for free or reduced school lunch program: Yes / No

Client Signature

Staff Signature

WAIVER, RELEASE OF LIABILITIES, AND CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate in, receives services from , be eligible for any program/service provided by Hawthorne Community Center or collaborative agency, I and if am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. **Obligation to inspect the Facilities and Equipment.** I agree that prior to participating/receiving services, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise Hawthorne Community Center of such unsafe condition(s) and refuse to participate /accept services.
2. **Identification of Risks.** I understand that participant's receipt of services involves risks and may result in injury, including permanent disability and death, and other losses, both to person and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the activity/service or the condition of the premises or of any equipment used.
3. **Assumption of Risk.** I assume all risks, known and unknown, in any way connected with my participation receipt of services at/from Hawthorne.
4. **Waiver and Release.** I waive, release, and hold harmless Hawthorne Community Center and each affiliated organizations, divisions, directors, officers, successors, and assigns from all claims for any liability, injury, loss, or damage in anyway connected with my participation/receipt of services at Hawthorne, whether or not caused in whole or part by the negligence or other misconduct of any organizations or individuals mentioned above. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next to kin, or assignees who might pursue any legal action or claim for such liability, injury, loss or damage.
5. **Consent to Medical Treatment.** I agree that Hawthorne may provide to me through medical personnel of its choice, customary medical of training assistance, transportation, and emergency medical services. The consent does not impose a duty upon Hawthorne to provide such assistance, transportation, or services.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY. I WAS AFFORDED THE OPPORTUNITY TO HAVE THIS DOCUMENT READ TO ME.

PARTICIPANT'S SIGNATURE

DATE

If the person participating/receiving services from Hawthorne is not yet 18 years old, a parent or legal guardian must sign below:
As parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release, and Consent.

CHILD'S NAME

PARENT/GUARDIAN SIGNATURE

DATE

AGREEMENT

I understand and will comply with the following conditions:

1. I will comply with all of the Hawthorne Center operating policies and all of the program policies or service delivery policies appropriate to the program or service I am participating in and/or a service recipient of said activity/service.
2. Failure to comply with policies and/or guidelines may result in my being denied services, participation, and being asked to leave the premises.
3. All programs and/or services are provided without regard to sex, race, religion, national origin, ancestry, handicap, or sexual preference.
4. I have been given policies which relate to specific programs and/or services, as appropriate and I know the overall agency policies are posted.
5. I understand that my picture may be taken for publicity therefore I grant my permission for such use of the picture.
6. I understand that under Center staff supervision, be allowed to participate on any equipment, be transported to and from the agency, or field trips, and participate in Center sponsored activities outside the facility.
7. I understand I may not participate without having paid my membership and/or program fees and no refunds are given unless cancellation of the program.
8. I understand that as a participant, I may be transported by Hawthorne and Hawthorne assumes no liabilities as a passenger.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT
IF UNDER 18 YEARS OLD

DATE