

Mattingly Charities



Reviving Baseball in Inner Cities™

New Renewing

Full Name: _____

Date of birth: _____ Home Phone Number: _____

Current address: _____ Name of Person Member Lives With: _____

City: _____ State: _____ ZIP Code: _____

Emergency Contact: _____ Emergency Phone: _____ Other Emergency Contact & Phone: _____

DEMOGRAPHIC INFORMATION

Gender: Male Female School: _____ Age: _____ Grade: _____

ETHNICITY

African American Caucasian/White Hispanic Multi-Racial Native American Other: _____

Participation in Other Youth Programs: _____

Member before? Yes No Family Totals: Sisters Brothers Adult(s) = Household

PARENT OR GUARDIAN INFORMATION

Father's First Name: _____ Father's Last Name: _____ Father's Work Phone: _____

Father's Employer: _____ Father's Cell: _____

Mother's First Name: _____ Mother's Last Name: _____ Mother's Work Phone: _____

Mother's Employer: _____ Mother's Cell: _____

Guardian's First Name: _____ Guardian's Last Name: _____ Guardian's Work Phone: _____

Guardian's Employer: _____ Guardian's Cell: _____

CHECK ALL THAT APPLY – INCLUDE CASE NUMBERS WHERE APPLICABLE

MEDICAL INFORMATION

Allergies: _____

Medications: _____

Insurance Company & Policy #: _____

Signature of Parent or Guardian: _____ Member's Signature: _____ Date: _____