

P.O. Box 330118 Nashville, TN 37203-7500
(615) 554-1809 or (615) 361-6798
Mrs. Emerald Mitchell, Executive Director

Moves and Grooves, Inc.

Youth Membership Application

- New Member**
 Returning Member **Previous Participation Year** _____

Last Name: _____ First: _____ M/F: ___ Age: ___ DOB: _____
Address: _____ City: _____ Zip: _____ Phone: _____
School: _____ Grade: _____ Race: _____

*Mother's Name: _____ Living With Yes/No: ___
Employer: _____ Occupation: _____
Work Address: _____ Work Phone: _____
*Father's Name: _____ Living With Yes/No: ___
Employer: _____ Occupation: _____
Work Address: _____ Work Phone: _____

Other Names & Numbers In Case of Emergency:

Name: _____ Phone: _____
Name: _____ Phone: _____

*Use Legal Guardian if not living with Mother or Father

Single Parent: Yes ___ No ___
Number of brothers/sisters under 18: _____ Total number living at home: _____

Do you have health insurance? Yes: ___ No: ___ In School: Yes: ___ No: _____

Circle One: Free or Reduced lunch at school

Does your child belong to another youth organization? _____

If so, name of organization or any sport activities: _____

Note any physical limitations / allergies: _____

* I hereby make application for my child to join Moves and Grooves Inc. The applicant and undersigned understand and agree that Moves and Grooves is not liable for the loss of property or injury. I understand and agree that Moves and Grooves does not have accident or medical insurance and hereby release the Moves and Grooves, its Directors, employees, and volunteer staff from any responsibility for accidents and/or other incidents in connection with any related activities, including athletics, special events and trips. Moves and Grooves will not be held liable for your child leaving the building or grounds. I release the right to all photographic material that Moves and Grooves might use for promotional activities without obligation to my child and me. In case of illness, accident, and/or other incidents, permission is granted to those in charge to take steps for proper treatment and care, when parents and/or guardian cannot be contacted.

I fully understand and agree to all the conditions stated on this form and have counseled my child to conform to the rules and the authority of the organization.

Parent Signature: _____ **Date:** _____

Member Signature: _____ **Date:** _____

*Please complete information and return this application to: P.O. Box 330118 Nashville, TN 37203-7500.