



Youth Membership Application

Last Name _____ First Name _____ Date ___/___/___

Street Address _____ Apt No _____ City/Town _____ Zip _____

Day Time Ph# (____)____-____ Evening # (____)____-____ Cell#(____)____-____

Email Address _____ Date of Birth ___/___/___

Internet Access: Yes No

Gender: Male Female

Culture/ Ethnicity:

Asian Black/African American Hispanic Caucasian/White
Other _____

Primary Language spoken at home:

English Chinese Polish Spanish Vietnamese Italian Portuguese
French Other _____

Education:

None High School College Other _____

Housing Status:

Living With Family Living in shelter Rent Own living with friends
Homeless, in Sheller Others _____

Employment Status:

Full- Time Part-Time Self Employed Not Employed Retired
Student Others _____

Income Support Programs:

- TAFDC Food Stamp WIC Fuel Assistance Public Housing SSI/SSDI
- Childcare Voucher Unemployment Insurance Early Intervention
- Section Housing
- Other _____ None

Insurance Status:

- Public Insurance (MA. Health, Medicare, Commonwealth, etc)
- Commercial Insurance (Blue Cross/Blue Shield, Harvard Pilgrim, etc)

Regular Source of Health Care

- Bowdoin Street Health Center Codman Square Health Center
- Dorchester house multi- service Center Other community health center in Boston
- School Based Health Center Hospital-Based Clinic
- Family/ Friend Other agency_____

Referral Sources:

- Bowdoin Street Health Center Codman Square Health Center
- Dorchester house multi- service Center other community health center in Boston
- School Based Community Center Department of Youth Server
- School Family/ Friend
- other agency_____

Parents/Guardian Information 1

Parent/Guardian Name _____

Relationship to child: _____

Phone Number : (____) _____ - _____

Work: (____) _____ - _____

Cell : (____) _____ - _____

Parents/Guardian Information 2

Parent/Guardian Name _____

Relationship to child: _____

Phone Number : (____) _____ - _____

Work: (____) _____ - _____

Cell : (____) _____ - _____

Emergency Contact Name _____

Relationship to child: _____

Phone Number : (____) ____ - _____

Work: (____) _____ - _____

Authorization and Release Date

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Dot House or partnering health centers to transport my child to the nearest hospital or medical facility, and secure for my child the necessary medical treatment.

I understand that Dot House or partnering health center staff is trained in the basics of first aid and authorize them to give my child first aid when appropriate.

I permit Dot House or partnering health centers to use photographs that may contain my child's picture for promotional purposes.

My child is in good physical health: Yes No Date of last physical exam: _____

My Child is taking the following medication(s): _____

If so medication for condition related to: _____

My child is allergic to the following: _____

My child has the following reaction to his/her allergies: _____

Please list any behavioral, social, emotional, mental concerns, dietary restrictions etc that your child may have: _____

My child's health insurance plan is: _____ Name of hospital/clinic: _____

Name of child's doctor: _____ Doctor's phone number Cell : (____) ____ - ____

In the event of an emergency where your child has to be transported to a health care facility/hospital, he/she will be transported to the nearest health care facility/hospital. I have reviewed the Authorization and release form and agree to the terms outlined above.

Parent Guardian

Signature: _____ Date: _____

POOL RULES

Listen to lifeguard in charge of the pool area; it's for your safety.

1. NO running in the pool area.
2. NO hanging on lane markers.
3. NO playing on ladders
4. Jumping is only allowed in 5ft or deeper.
5. Showers are required before entering the pool as per Massachusetts State Law.
6. Children under 7 years old or any non-swimmer must be actively supervised by an adult 18 yrs or older within arms reach.
7. Only swimming approved diapers with cover or suit in the pool.
8. NO floatation devices except lifeguard approved bubbles
9. NO cut offs, gym shorts or t-shirts. Bathing suits must be worn.
10. Children with bubbles are allowed in the deep end with parents in the water with them & within arm reach.
11. Only noodles are allowed during free swim (NO EXCEPTIONS) . kick boards and buoys are for Lap Swim Only.
12. NO food, drink (excluding water) , gum, or glass container are allowed in the pool area.
13. NO street shoes allowed on the pool deck.
14. NO strollers allowed in the pool area.
15. NO flipping, twists, or backward jumps allowed anywhere in the pool area.
16. NO horseplay in the pool example, throwing people, riding shoulders, hanging on to each other.
17. NO one with a communicable diseases, open wound, rashes , poison ivy (etc) is allowed in the pool area.
18. NO floatation devices in the deep end.
19. NO prolonged breath holding or breath holding games.

Dot House Health Pool is not responsible for any lost or stolen items.

You are responsible of your belongings

Parent Guardian

Signature: _____ Date: _____