



Greater Fall River RE-CREATION

45 Rock Street, Fall River, MA 02720
508-679-0922 – www.gfrrec.org

Membership Information Form

Confidentiality: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

MEMBER INFORMATION *(Please Print)*

First Name: _____ Middle Name: _____ Last Name: _____
 Nick Name: _____ Date of Birth: ____/____/____ Gender: Male Female
 School: _____ Grade: _____

PARENT/GUARDIAN *(Please Print)*

First Name: _____ Last Name: _____ Gender: Male Female
 First Name: _____ Last Name: _____ Gender: Male Female

Address *(Line 1)*: _____
 Address *(Line 2)*: _____
 Address Type: Home Work Other _____
 City: _____ State: _____ ZIP Code: _____

Phone Number: (____) _____ - _____
 Phone Type: Home Work Other _____

Phone Number: (____) _____ - _____
 Phone Type: Home Work Other _____

Email Address: _____
 Email Type: Home Work Other _____

<input type="checkbox"/> Female Head Household <input type="checkbox"/> Male Head of Household Family Income: <input type="checkbox"/> 15,300 or under <input type="checkbox"/> 17,500 or under <input type="checkbox"/> 21,850 or under <input type="checkbox"/> 25,350 or under <input type="checkbox"/> 27,100 or under <input type="checkbox"/> 29,150 or under <input type="checkbox"/> 32,800 or under <input type="checkbox"/> 36,400 or under <input type="checkbox"/> 39,350 or under <input type="checkbox"/> 42,250 or under <input type="checkbox"/> 45,150 or under <input type="checkbox"/> 48,050 or under <input type="checkbox"/> 50,700 or under <input type="checkbox"/> 54,180 or under <input type="checkbox"/> 62,950 or under <input type="checkbox"/> 67,600 or under <input type="checkbox"/> 72,250 or under <input type="checkbox"/> 76,900 or over # of Family Members: _____

Ethnicity: <input type="checkbox"/> African American & White <input type="checkbox"/> American Indian & Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
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EMERGENCY CONTACT *(Please Print)*

First Name: _____ Last Name: _____ Relationship: _____

Phone Number: (_____) _____ - _____ Phone Type: Home Work Other _____

Program/Session	Fee
Membership Fee	

FOR OFFICE USE ONLY

TOTAL FEES: _____

Please make checks payable to **Greater Fall River RE-CREATION** and deliver with form to: Greater Fall River RE-CREATION, 45 Rock Street, Fall River, MA 02720. We also accept cash & credit. ***Payments are due in full at the time of registration.***

Pre-registration is required for all classes, clinics, and camps!

I have read the complete application, understand the policies of Greater Fall River RE-CREATION and request that my son/daughter or myself be admitted into membership. I have explained the rules to my son/daughter and agree that Greater Fall River RE-CREATION will not be responsible for any accident to them while on the premises or engaged in any of its activities away from Greater Fall River RE-CREATION. I give consent for photographs, in which my son/daughter and/or myself may appear, to be used in any way Greater Fall River RE-CREATION may care to use them. All registrations will have a processing fee for refunds. I understand that it may be required for my son/daughter to provide their report card for participation in certain programs.

_____	_____	_____
Member Name <i>(Please Print)</i>	Member Signature	Date
_____	_____	_____
Parent/Guardian Name <i>(Please Print)</i>	Parent/Guardian Signature	Date