



**UNIVERSITY SETTLEMENT
HOUSTON STREET CENTER ENROLLMENT FORM**

STRIDE___ COMMUNITY SWIM & FITNESS___ SWIN N' KIDS___ EXCEL___ OTHER PROGRAM_____

Last Name (姓):		First Name (名):			
DOB (出生日期):		Age (年齡):		Gender (性別):	
Ethnicity (Etnicidad):		Race (種族):		Language (在家主要的語言):	
		Hispanic (西語裔) ___ Non-Hispanic (非西語裔) ___ Choose not to respond (選擇不回應) ___			
Street Address (地址):		APT# (門牌號碼)	City, State, Zip (城市, 州, 郵區號碼):		
Head of Household: Yes / No (你是否戶主): Si / No	Household Role: (家庭中的角色)	Individual 個人	Father/Mother 父母	Child 小孩	Other Relative 其他親戚
Phone # (電話號碼):			Email (電郵):		
Household Income (家庭年收入): ___\$0 to \$9,000 ___\$10,000 to \$29,000 ___\$30,000 to \$49,000 ___\$50,000 to \$99,000 ___\$100,000+			Number of people in household: (家庭人數):		
What type of government support do you or your family receive? (你或你的家庭受到政府什麼類型的幫助?)		Do you have health insurance? (您有健康保險嗎?)		Are you currently employed? (您現在在工作嗎?)	

MEMBERS JOINING PROGRAM

Last Name (姓):	First Name (名):	D.O.B. (出生日期):	Age (年齡):	Gender (性別):	Household Role: (家庭中的角色)
Last Name (姓):	First Name (名):	D.O.B. (出生日期):	Age (年齡):	Gender (性別):	Household Role: (家庭中的角色)
Last Name (姓):	First Name (名):	D.O.B. (出生日期):	Age (年齡):	Gender (性別):	Household Role: (家庭中的角色)
Last Name (姓):	First Name (名):	D.O.B. (出生日期):	Age (年齡):	Gender (性別):	Household Role: (家庭中的角色)

EMERGENCY CONTACT INFORMATION (緊急聯絡人資料)

Name (姓名)	Relationship (和您的關係)	Phone# (電話號碼)
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**OPTIONAL CONSENT (FOR SWIM ONLY) For anyone 12-17 years old and/or with legal guardianship
選項同意 (只供游泳者) 給12-17歲的青少年**

Parent/Guardian Consent (家長/監護人同意)
I give consent to the participants above, who are 12-17 years old to swim without a guardian present.
我同意12-17歲的參加者可以在沒有監護的情況下游泳。

- ***My signature below indicates that I have had sufficient opportunity to read the agreement form, and that I understand it affects my legal rights; I agree to be bound by its terms.***

我的簽名說明，我有足夠的機會閱讀整個文檔。

我已閱讀，我理解它影響了我的合法權利；我同意受其條款的約束。

- **Photo Waiver:** The Community Center occasionally uses participant photos or other program images to promote the program or share accomplishments. These images may be used in promotional materials. I grant permission to University Settlement to use my name (and any of my dependents' names), to take and publish photographs, videotapes or motion pictures of me/us which include my/our voice, in any media for legitimate purpose. I release all rights to such photographs, videotapes, motion pictures and recordings. I acknowledge you are the sole owner of all rights arising out of their use for all purposes. I understand that I shall receive no compensation from their use from any source whatsoever.

照片豁免：社區中心偶爾使用參與者的照片或其他程序的圖像，以促進該方案或共享成就。

這些圖像可能會在宣傳材料中使用。我授予權限給大學睦鄰之家，用我的名字（和我的家屬的名字），採取和在任何媒體上發布照片，錄影帶或我/我們的電影，其中包括本人/我們的聲音，為合法的目的。我釋放所有的這些照片，錄像帶，電影和錄音的權利。

我承認你是所有目的而言，其使用所產生的所有權利的唯一擁有者。

我明白我不會收到賠償，從他們的使用，無論從任何來源。

Initials/Consent (縮寫/同意) _____

- **Medical Care and Emergencies:** There is no on-site nurse or medical practitioner. All participants need to carry and administer their own medication. All staff is CPR and First Aid certified. Staff will contact 911, if necessary, in emergency situations. In the event of an accident/emergency, I authorize University Settlement staff to request assistance from paramedics and consent to any emergency treatment by a duly licensed hospital, clinic or doctor.

醫療保健和緊急情況：我們沒有現場的護士或醫生。所有參加者需要攜帶和管理自己的服藥。

全體員工有心肺復甦術和急救認證。如果有必要，在緊急情況下工作人員將聯繫911。

在發生事故/緊急事件，

我授權大學睦鄰之家的人員要求正式授權的醫院，診所或醫生的協助下，醫務人員，並同意從任何緊急治療。

Initials/Consent (縮寫/同意) _____

- ***I hereby agree to this contract. By signing this agreement form, I agree that I am fully committed to the program and will participate and agree to all requirements. I understand that if any part of this contract is broken, my enrollment in the Community Program will be pending.***

Signature of Participant (if under 18, signature of parent or guardian):

簽名 (如果未滿 18 歲，父母或監護人簽名):

Print Name (寫名): _____ Date(日期): _____