





Great things will come from within!

Serving the community for 61 years (1964-2025)

Limited Membership Participation Application In partnership with Grove Community Outreach & PicScience Math Summer 2025 (Free) Fractions Bootcamp--June 9-July 19, 2025

4th, 5th and 6th grades only

Address;	, City	State/zip code
First	Middle	Last
Age:; Birth date:	Sex: Male _	Female;
2025-26 Grade:; School:		
City:	State:; zip	code:
Contact Information:		
Parent name	; Cell Phone:	
Email:		
#1. Emergency Contacts:	Phone#	
Relationship:		
#2 Emergency Contacts:	Phone#_	
Relationship:		
Name & Phone # of pediatrician:		Phone #:
Health Insurance Provider	; Preferred Hospital:	
Parents & Guardians: The following que apply. Prescription medicines must be give children (e.g., autistic) and we are unable to	n by parents. The staff is not to	rained to effectively work with sp
		Seizures/epilepsy
Heart condition		Other (specify)
Vision or hearing impaired	_	Special diet restrictions
	_ Anxiety/depression	
Physical Disabilities Asthma/bronchitis	Diabetes	







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General Release Waiver/Acknowle	edgment & Consent. Please read and initial.
youth participants is necessary to promote public aware use of photographs, articles, videos, brochures, social mechild is in DHR custody unless permission is granted by	
	nation optional);DHR permission granted: Caseworker
Name/phone:	
My child is a walker and does not require pickup earlier due to inclement weather warnings or other unforce	p by me or a designee. I understand that he/she may be dismissed eseen circumstances.
picked up ON TIME . The late pickup fee is \$1 per min	by me or a designee. I understand and accept that he/she must be nute and subject to suspension and authorities will be called when myself or a designee will pick him/her up and they will be required
or legally liable for any injury to my child or myself to indiamage, claim, liability, loss of personal property or an property of the Hawk-Houston Youth Enrichment Center held on or offsite. On behalf of my child, I hereby release Youth Enrichment Center, its employees, volunteers, liabilities, claims, damages, actions and costs or expense.	ment Center and any of its program partners shall not be responsible iclude but not limited to personal injury, disability or death, illness, my expense(s) that may he/she/I may experience or incur on any er, or in connection with any programs and services and activities e, covenant not to sue, discharge, and hold harmless Hawk-Houston agents, and representatives, of and from Claims, including all es of any kind arising out of or relating thereto. I understand and in negligence, actions and omissions of its employees, volunteers,
*	and complete to the best of my knowledge. I have not withheld n Youth Enrichment Center, its staff, volunteers, youth members,
Parent/legal guardian's signature & Date	Executive director's signature & Date &
	PicScience Director/Coordinator & Date
For	
	R OFFICE USE ONLY
Date received: ; Accepted: Ye	-
(reason)	
Comments:	

www.hawkhoustonyec.org