

MEMBERSHIP REGISTRATION FORM

Type of Membership (Check one) New Renew

CHILD'S NAME: _____
ADDRESS: _____
CITY: _____ ZIP: _____ PHONE: _____
BIRTHDATE: _____ AGE: _____ SEX: _____ GRADE: _____
SCHOOL: _____

MOTHER (FEMALE GUARDIAN): _____
HOME ADDRESS: _____
HOME PHONE: _____
EMPLOYER: _____
OCCUPATION: _____
WORK PHONE: _____
CELL PHONE: _____
EMAIL ADDRESS: _____

FATHER (MALE GUARDIAN): _____
HOME ADDRESS: _____
HOME PHONE: _____
EMPLOYER: _____
OCCUPATION: _____
WORK PHONE: _____
CELL PHONE: _____
EMAIL ADDRESS: _____

SIGNATURE REQUIRED ON REVERSE SIDE

1. DOES YOUR CHILD RECEIVE FREE/REDUCED LUNCH? YES NO
2. CHILD LIVES WITH: Mother Father Both
 Other-Whom _____
3. MARITAL STATUS OF PARENT/GUARDIAN: Single Married Divorced
 Widowed Other
4. RACIAL/ETHNIC IDENTITY: (Optional)
 White - not of Hispanic origin Black - not of Hispanic origin
 Hispanic Brazilian
 Portuguese Asian or Pacific Islander
 American Indian/ Other
Alaskan Native
5. ANNUAL HOUSEHOLD INCOME: (Optional)
 under \$10,000 \$10,001-\$20,000 \$20,001-\$30,000
 \$30,000-\$50,000 \$50,001-\$70,000 \$over \$70,000

IN CASE OF EMERGENCY:

If parent/guardian cannot be reached:

Name: _____ Relationship: _____
Address: _____ Telephone: _____
Name: _____ Relationship: _____
Address: _____ Telephone: _____
Name: _____ Relationship: _____
Address: _____ Telephone: _____

List any medical, physical, or emotional conditions that we should be aware of to better serve your child: (allergies, medication, etc.)

AUTHORIZATION AND CONSENT FORM

1. 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 the qualified staff at the Boys & Girls Clubs to transport my child to the nearest hospital.
- 2.

Child's Doctor & Insurance: _____
Phone number & address: _____

2. I authorize Boys & Girls Clubs' staff/volunteers who are trained in the basics of first aid to treat my child when appropriate.
3. I give permission for my child to participate in field trips by means of bus/van. I understand that I will be notified in advance of any trips.

Yes / No (circle one) - I give consent to have my child photographed or video taped for public relations purposes.

PARENT/GUARDIAN
SIGNATURE: _____

DATE: _____