

MEMBERSHIP REGISTRATION FORM

TYPE OF MEMBERSHIP (CHECK ONE): NEW MEMBERSHIP RENEW MEMBERSHIP

1st CHILD'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

BIRTHDATE: _____ AGE: _____ SEX: _____ GRADE: _____

SCHOOL: _____

Transportation Needed 1st child: YES NO

2nd CHILD'S NAME: _____

BIRTHDATE: _____ AGE: _____ SEX: _____ GRADE: _____

SCHOOL: _____

Transportation Needed 2nd child: YES NO

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 AT SCHOOL? 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: _____