



# Membership Registration Form

Type of Membership (Check One)  New  Renew

1st Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 2nd Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mother/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Father/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

1. Does your child receive **FREE** or **REDUCED** lunch?  Yes  No
2. Child lives with:  Mother  Father  Other/ Whom
3. Marital Status of Parent/Guardian:  Single  Married  Divored  Widowed  Other
4. Racial/Ethnicity Identity: (Circle a letter)
 

a. White (not of Hispanic origin)	e. American Indian/ Alaskan Native
b. Black (not of Hispanic origin)	f. Brazilian
c. Hispanic	g. Asian or Pacific Islander
d. Portuguese	h. Other
5. Annual Household Income: (Circle a letter)
 

a. under \$10,000	d. \$30,001 - \$50,000
b. \$10,001 - \$20,000	e. \$50,001 - \$70,000
c. \$20,001 - \$30,000	f. Over \$70,000

In Case of an Emergency, If a Parent/Guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 Club to transport my child to the nearest hospital.
2. Child's Doctor & Insurance: \_\_\_\_\_ Phone # & Address: \_\_\_\_\_
3. I understand the Club is not, nor claims to be, a licensed day care center. (Unless your child is registered in the licensed SACC Program)
4. I authorize Boys & Girls Club staff/ volunteers who are trained in the basics of first aid to treat my child when appropriate
5. 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.
6. I give consent to have my child photographed or videotaped for public relations purposes. PLEASE CIRCLE YES or NO

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**GREAT FUTURES START HERE.**



Boys & Girls Clubs Of Metrowest  
Hudson-Marlboro-Framingham

Celluci Clubhouse  
21 Church St  
Hudson Ma 01749  
978-562-9924

Publicity Release Form

I give consent for \_\_\_\_\_  
(child/childrens name)

To be photographed and / or videotaped for public relations purposes in the newspaper, website, brochures and or the bulletin board.

\_\_\_\_\_  
(Parent/Guardian name printed)

\_\_\_\_\_  
(Parent Guardian name signed)

Date \_\_\_\_\_

