

Mem. #: _____
Date: _____
Processed by: _____



Under 8 Membership Registration
Ages 6 months-8 years \$20/year

Please Print

Name: _____
First Middle Last

Address: _____ **Apt #:** _____

City, State, Zip: _____

Home phone: _____ **Cell phone:** _____

Birth date (MM/DD/YYYY): ____/____/____ **Ethnicity:** _____

Gender: Male Female **School:** _____

Are there any medical issues we should be aware of? No Yes; please explain: _____

Emergency Contacts

Name: _____ **Name:** _____

Phone: _____ **Phone:** _____

Relation to child: _____ **Relation to child:** _____

Release

I _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys & Girls Club. I hereby release the Boys & Girls Club, its employees, associates and contributors from liability from any injury, loss or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my son/daughter by a qualified licensed physician in the event of an accident. I understand that the costs for such treatment will be my responsibility. My signature indicates I have read and understand the above statement.

Parents Signature: _____