

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



Adult Activity Registration
\$40/year

Please Print

Name: _____ **Gender:** M F
First Middle Last

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

Address: _____ **Apt #:** _____

City, State, Zip: _____

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

Email Address: _____

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

Emergency Contacts

Name: _____ **Name:** _____

Phone: _____ **Phone:** _____

Relation: _____ **Relation:** _____

Release

I _____ hereby release the Boys & Girls Club, its employees, associates and contributors from liability from any injury, loss or theft. Furthermore, I hereby authorize medical examination and emergency treatment for myself 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.

Signature: _____