



# Boys and Girls Clubs of the Foothills

Great futures start here

**PLEASE FULLY COMPLETE ALL SECTIONS**

Membership Fee paid \_\_\_\_\_

Child's Name: \_\_\_\_\_ Name Child goes by: \_\_\_\_\_

F \_\_\_\_ M \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Child's Start Date in Program: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(Address must be the location on file for municipal emergency service responders)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Information:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Person with pre-authorized consent to Pick up child: \_\_\_\_\_

**Medical Information:**

Name of Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please indicate if your child has any ongoing medical conditions, allergies, special needs: \_\_\_\_\_

Is your child's immunization up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO YOU AGREE to allow: (initial beside your response):**

Photographs of you and /or your child to be used for publicity reasons? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(re: Newspaper Ads, Websites and Facebook)

You and/or your child to participate in surveys for program evaluation? \_\_\_\_\_ YES \_\_\_\_\_ NO

You may transport my child by ambulance or car in case of an emergency? \_\_\_\_\_ YES \_\_\_\_\_ NO

**I acknowledge that all the information I have provided is accurate to the best of my knowledge and agree to update any information as it changes.**

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_