

(CHILD'S LAST NAME)

(CHILD'S FIRST NAME)

M or F

School _____ Grade _____ Date of Birth _____ Age _____

Home Address _____ City _____ Zip _____

Parent/Guardian _____ Parent/Guardian _____

Home (_____) _____ Home (_____) _____

Work (_____) _____ Work (_____) _____

Cell (_____) _____ Cell (_____) _____

Email _____ @ _____ Email _____ @ _____

Occupation _____ Occupation _____

Emergency Contacts (other than above Parent/Guardian)

Name _____ Name _____

Phone (_____) _____ Phone (_____) _____

Medicine: Your child is currently taking _____

Allergies: _____

Treatment/Consent: In the event of an accident or emergency, I/we give permission for the Club directors/staff to take my/our child to any available doctor or hospital, or if you do not check, please indicate action to be taken:

Media Consent and Release

I/we give permission for my/our child to be photographed and/or videotaped for Club related activities for broadcast on TV and the internet. I/we absolve the Salesian Boys' & Girls' Club of any blame, except in the case of gross negligence, for injuries incurred at the Club, or participating in any of the Club's activities. I understand that the Club is not a day care facility and children are allowed to come and go as they please. The Club assumes no responsibilities for children who leave the premises.

Parent/Guardian Signature _____ Parent/Guardian Signature _____

Date Joined _____ Received by _____