

DRIFTWOOD BOYS AND GIRLS CLUB

MEMBERSHIP FORM

First name:	Last name:
Address:	unit#:
City:	Postal code:
Home phone #:	Health card #:
Date of birth: Yr ___ M ___ D ___	Age: Male ___ Female ___
Name of school:	Phone # Grade:

PARENT/GUARDIAN INFORMATION

1. Parent/guardian name:	2. Parent/guardian name:
Business phone#:	Business phone#:
Cell phone#:	Cell phone#:

EMERGENCY CONTACT PERSON

1. Name:	Relationship to member:	
Home phone#:	Business phone #:	Cell phone#:
2. Name:	Relationship to member:	
Home phone#	Business phone #	Cell phone#

MEDICAL INFORMATION

Doctor's name:	Phone #:
Allergies? No [<input type="checkbox"/>] Yes [<input type="checkbox"/>] if yes please request an allergy form.	
Any limitations? No [<input type="checkbox"/>] Yes [<input type="checkbox"/>] please list:	

Other information:

My child is able to swim; Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] My child may take pictures for promotional purposes only and their name and photo will never appear together without my consent.

The Driftwood Boys and Girls Club reserve the right to revoke any membership and/or eject members from programs and Club property at any time.

I, _____ agree that I will hold harmless and indemnify The Driftwood Boys and Girls Club from and against all action, suits, claims and demands which may be brought against or upon The Driftwood Boys and Girls Club, as a result of any injury sustained by myself or my child/children while I or my child/children is a participant in any program operated by said Club.

SIGNED: _____ DATED: _____
(Parent/ guardian signature only)

Office use: NEW [] RENEWAL [] Year joined M ___ D ___ Y _____