



# 2010-2011 School Year Membership Application

Registration	New or Renew
Received By	
Date Received	/ /

Member's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_

Gender	Date of Birth	Ethnicity	Grade	School
M or F	/ /	Caucasian African American Hispanic Asian American Other		

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent Email (for club info) \_\_\_\_\_

Mother / Guardian Information:	Father / Guardian Information:
Name: _____	Name: _____
Employer: _____	Employer: _____
Work Address: _____	Work Address: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Emergency Contacts - other than parent / guardian: (must be someone living in close proximity)	
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Medical Information:
Doctor's Name: _____ Phone Number: _____
Insurance Carrier: _____ Policy #: _____ Group #: _____
Please check if any of the following may apply: ADD/ADHD _____ Asthma _____ Allergies _____ Autism _____
Developmental Delay _____ Diabetes _____ Othermedical or health issues _____
*Medication is the responsibility of the parent/s and family physician. Parents are urged, with the advice of your child's physician to work out a schedule of administering medicine at home, outside of the Club hours. Club staff is First-aid and CPR certified but is not qualified to administer medication to your child. The Club is willing to safeguard inhalers for asthmatics, but is not responsible for the replacement cost if lost or stolen.

