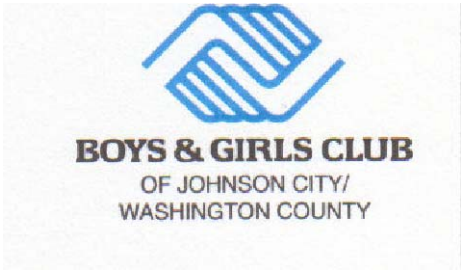

Office Use Only

Member Fee _____ Exp Date_____

Program Fee _____ Check # _____

Total _____ Cash _____

Rec. # _____ Date Pd _____

AFTER SCHOOL REGISTRATION

Did your child attend our After-School program last year? ____Yes ____No

Does your child live inside the city limits? ____Yes ____No

Does your child have permisstion to participate in field trips? ____Yes ____No

Does your family receive Families First? ____Yes ____No

SUMMER PROGRAM REGISTRATION

Did your child attend our Summer Program last year? ____Yes ____No

Does your child live inside the city limits? ____Yes ____No

Does your child have permisstion to participate in field trips? ____Yes ____No

_____

School

_____

Teachers Name

Persons authorized to pick up member

_____

_____

_____

CHILD'S NAME _____ _____ _____

First Middle Last

Child's Soc Sec Num _____-_____-_____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN _____

HOME PHONE _____ WORK _____ EMERGENCY _____

RELEASE INFORMATION

As parent/legal guardian, I hereby request that my child join the Boys & Girls Club of Johnson City/Washington County for the program indicated above. I am aware that all financial obligations are my responsibility, that fees are non-refundable, payable in advance of active participation/attendance and that failure to honor such financial obligations may result in the suspension of my child from the program. My child has permission to participate in all activities of the Boys & Girls Club of Johnson City/Washington County for the program shown above. I hereby release this Organization, its Members and Associates, Staff, Officers and Directors of any liability from injuries occurred while participating in this program. I hereby give permission for images of my child to be used in Club printed materials, or computer web pages, which demonstrate the program activities of the Organization. In the event of my absence, and an injury occurs, I do hereby authorize the above-mentioned organization, or its representatives, to act as my agent to obtain medical treatment for my child.

Parent/Guardian Signature _____ Date_____