



Please Print: Member's Name:]	Member's age	grade	
School:				
Sex:MaleFemale Member DOB:	E	Ethnicity:		
Parent Name:	_Employer	Phon	e:	
Parent Name:	_Employer	Phone:		
Address:	City:	City: Zip:		
Home Phone: Cell Phone:_	I	E-Mail:		
Emergency Contact #1:	Relationship:			
Phone:	Cell I	Cell Phone:		
Emergency Contact #2:	Relati	Relationship:		
Phone:	Cell Phone:			
Is your child on any medication or allergic to anythe	thing? Hold Harmless Agreemen	.f		
participate in activities sponsored by the Boys & G its employees, associates, and contributors from son/daughter while participating. I hereby hold ha any lawsuits, claims, action, damages, judgments a any death or injury which results or increases by a medical emergency treatment for my son/daught release the Boys & Girls Club of Oceanside from a authorize the use and reproduction of any photograpromotional material, fundraising events, and spoprogram. Parent/Guardian Signature:	any liability, any injuraless and release the and fees arising out of a my action taken to medier by licensed professiny liability resulting from aphs and any other audionsored programs or for a program and a	ury, loss or dama Boys & Girls Clu my personal injurion ically treat my chilo ionals it the event om this treatment. lio-visual material	nge incurred by my b of Oceanside from es including death o d. I hereby authoriz of an accident and I give consent to and taken of my child fo or the benefit of th	
Member Signature:				
No Current Membership: An annual program Membership (Va B&G programs. Annual Membership is \$55 tal Payments: □ Week of Camp:ash/Check/Money Order enclosed (Please make payable to Bo	□Single Da	ay Use		
harge the following to my Credit Card:	oys & Girls Clubs of Ocean			