Membership Information Form GREAT FUTURES START HERE.



216 E. 2nd Ave PO Box 1606 Eagar, AZ 85925 928.333.7824 director@rvbgc.com

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

rst Name:	Last Name:		Relationship to Youth:
irst Name:	Last Name:		Relationship to Youth:
ddress:			
ine 1)		(City)	(State)
(Line 2)		(Zip Code)	
est Phone Numbers to be rea	ched at: E-Mail	Addresses:	de no sint de sons (2000). Constitution de so
			11
ut of area/state contact name	: Relationship to child: Pho	one:	Address:
Out of area/state contact name /outh Information (Please Print First Name:		Medi	cal Information: ies or sensitivities to: (if yes, please list)
outh Information (Please Prin	t)	Medi Allerg	cal Information: ies or sensitivities to: (if yes, please list) cations

First Name:		Last Name:		al Information: es or sensitivities to: (if yes, please list)
Birth Date:	School:	Current grade	: Medica	ations No Yes
Birtii Bate.	OCHOOL.	Ourient grade	Foods	
			Other	Illnesses or Medical Conditions:
Gender:	Ethnicity:	T-Shirt Size: (example: Youth XL o	r Adult M)	No Yes
Male Female	African American			Asthma Diabetes
L remaie	Asian Caucasian	Child's Medical Provider		Seizures
Reduced/Free	Hispanic			Developmental Delays Physical Impairment
Lunch?	Multi-racial Natice American	List any other health information or speci	al instructions we need to be aware of	
☐ No ☐ Yes	Pacific Islander			Other
First Name:		Last Name:		al Information:
			Allergie	es or sensitivities to: (if yes, please list)
Birth Date:	School:	Current grade	Medica	ations \(\bigcap \frac{\text{Yes}}{\text{\$\text{\$\sigma}}} \)
			Foods	
			Other	Illnesses or Medical Conditions:
Gender:	Ethnicity:	T-Shirt Size: (example: Youth XL o	or Adult M)	No Yes
Male Female	African American Asian			Asthma Diabetes
	Caucasian	Child's Medical Provider		Seizures
Reduced/Free	Hispanic Multi-racial			Developmental Delays Physical Impairment
Lunch? ☐ No ☐ Yes	Natice American	List any other health information or speci	al instructions we need to be aware of	
LINO LI TES	Pacific Islander	Were the second of the second		Other
First Name:		Last Name:	Modio	al Information:
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			Other	
Gender:	Ethnicity:	T-Shirt Size: (evample: Vouth YI o	- L	Illnesses or Medical Conditions:
Male	Ethnicity: African American	T-Shirt Size: (example: Youth XL o	- L	Asthma No Yes
(comment)	African American Asian	T-Shirt Size: (example: Youth XL o	- L	No Yes
Male Female	African American Asian Caucasian Hispanic		- L	Asthma Diabetes Seizures Developmental Delays
Male Female	African American Asian Caucasian Hispanic Multi-racial		or Adult M)	Asthma Diabetes Seizures Developmental Delays Physical Impairment
Male Female	African American Asian Caucasian Hispanic	Child's Medical Provider	or Adult M)	Asthma Diabetes Seizures Developmental Delays Physical Impairment Behavioral Challenges
Male Female Reduced/Free Lunch?	African American Asian Caucasian Hispanic Multi-racial Natice American	Child's Medical Provider	or Adult M)	Asthma Diabetes Seizures Developmental Delays Physical Impairment
Male Female Reduced/Free Lunch? No Yes THE BOYS & GIRLS	African American Asian Caucasian Hispanic Multi-racial Natice American Pacific Islander S CLUB OF ROUND VALLE	Child's Medical Provider List any other health information or speci	al instructions we need to be aware of	Asthma Diabetes Seizures Developmental Delays Physical Impairment Behavioral Challenges Other RD TO RACE, COLOR, RELIGION, SEX, NATIONAL
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