

Membership Information Form

GREAT FUTURES START HERE.



BOYS & GIRLS CLUBS
OF ROUND VALLEY

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.

Parent/Guardian Information (Please Print)

First Name:

Last Name:

Relationship to Youth:

First Name:

Last Name:

Relationship to Youth:

Address:

(Line 1)	(City)	(State)
(Line 2)	(Zip Code)	

Best Phone Numbers to be reached at:

E-Mail Addresses:

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Emergency Contact (other than parents) and persons authorized to pick-up child(ren)

Emergency contact and pick-up information applies to all children listed on this form. If emergency contact and pick-up information on this form does not apply to one of your children, please fill out a separate form.

Name:	Relationship to child:	Phone:	Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Out of area/state contact name:	Relationship to child:	Phone:	Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Youth Information (Please Print)

First Name:

Last Name:

Medical Information:

Allergies or sensitivities to: (if yes, please list)

Birth Date:

School:

Current grade:

Medications
Foods
Other

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Gender:

☐ Male
☐ Female

Ethnicity:

☐ African American
☐ Asian
☐ Caucasian
☐ Hispanic
☐ Multi-racial
☐ Native American
☐ Pacific Islander

T-Shirt Size: (example: Youth XL or Adult M)

Child's Medical Provider

List any other health information or special instructions we need to be aware of:

Illnesses or Medical Conditions:

Asthma
Diabetes
Seizures
Developmental Delays
Physical Impairment
Behavioral Challenges

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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Other

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THE BOYS & GIRLS CLUB OF ROUND VALLEY (BGCRV) PROVIDES SERVICES TO MEMBERS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, OR FAMILIAL STATUS. I recognize that there is an element of risk in any out of the home settings, including the BGCRV. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions or other unanticipated events. I authorize my child to participate in the educational, athletic, and recreational programs of the BGCRV and in any and all field trips away from the Club. On behalf of my minor child, I assume all risks of my child's participation in these programs. I authorize the Club to transport my child in Club vans for fieldtrips. I give permission for my child to use computers at the Club and to access the internet for appropriate activities. I hereby release and agree to hold harmless the BGCRV, its employees, agents, officers, directors and all volunteers from any and all liability, loss or damage, actions, claims and demands which now have or which may hereafter arise from my child's participation in the routine activities of the BGCRV. This release is intended to be binding upon my heirs, executors or personal representatives. I hereby certify that my child is in normal health, and to my knowledge, is capable of participating safely in the educational, athletic and recreational programs of the BGCRV. Should any injury occur to my child during participation in said programs, I authorize the BGCRV to arrange for or to provide emergency medical treatment and to arrange for or provide transportation to the nearest qualified medical facility. I give the BGCRV and medical treatment staff and personnel permission to administer to my child should my child be injured while attending activities at the BGCRV. I also understand that the BGCRV does not carry medical insurance for the members and it is my responsibility to pay all bills associated with such action. I recognize the BGCRV is not responsible for my child when he/she is transported to the Club by parties other than the BGCRV. I authorize the BGCRV to use pictures and quotes for any and all public relations purposes. I certify that the information on this form is accurate. I certify that I have read the contents of this form and by signing I agree to the statements and information provided herein.

Parent or Guardian Signature

Date

For office use:

Received By:

Date Received:

Enrollment Date:

ational

Self Pay ☐
 BOD Scholarship ☐
 Other ☐