

## Clubhouse Registration Form

<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Name	Date of Birth	Age/Grade
<input type="text"/>	<input type="text"/>	
Parent/Guardian Name	Parent /Guardian Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	
<input type="text"/>		
Address		
<input type="text"/>		
City, State, ZIP Code		

## Alternative Emergency Contacts

<input type="text"/>	<input type="text"/>
Emergency Contact	Where will parent/guardian be during the evening?
<input type="text"/>	(On-Site Location or dropping off child)
Home Phone	
Cell Phone	
<input type="text"/>	<input type="text"/>
Relationship to Child	<input type="text"/>
<input type="text"/>	Siblings Attending Clubhouse (Name and Age)
People who may pick up my child	

## Medical Information

<input type="text"/>
Allergies: Please Specify
<input type="text"/>

Special Health Considerations: Please Specify

**One on one guidance provided for children with special needs**

I authorize Clubhouse leaders to photograph / film the minor designated above in any manner or form for any lawful purpose associated with the Clubhouse Program.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

I give permission for my child to participate in the Clubhouse Activities. I release the Clubhouse and individuals from liability in case of accident during activities related to the Clubhouse as long as normal safety procedures have been taken.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date