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| Clubhouse Registration Form |
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|  |  |  |  |  |
| Child’s Name |  | Date of Birth | Age/Grade  |
|  |  |  |
| Parent/Guardian Name |  | Parent /Guardian Name |
|  |  |  |  |  |  |  |
| Home Phone |  | Cell Phone |  | Home Phone |  | Cell Phone |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, State, ZIP Code |  | City, State, ZIP Code |
|  |  |  |
| Alternative Emergency Contacts |
|  |
|  |  |  |
| Emergency Contact |  | Where will parent/guardian be during the evening? |
|  |  |  |  | (On-Site Location or dropping off child) |
| Home Phone |  | Cell Phone |  |  |
|  |  |  |
| Relationship to Child |  |  |
|  |  | Siblings Attending Clubhouse (Name and Age) |
|  |  |
| People who may pick up my child |  |  |
|  |  |  |
| Medical Information |
|  |
|  |
| Allergies: Please Specify |
|  |
| 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 |
|  |  |  |