

Membership Information Form

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BOYS & GIRLS CLUBS
OF UTAH COUNTY

Provo Club
1060 East 150 North
Provo, UT 84606
P: (801) 371-6242
F: (801) 371-6241
www.bgcutah.org

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:

() -

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:
<input type="text"/>	<input type="text"/>	Allergies or sensitivities to: (if yes, please list)
Birth Date:	School:	Current grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Self checkout:	Gender:	Ethnicity:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander
Medications:	Child's Medical Provider:	Illnesses or Medical Conditions:
Medications <input type="checkbox"/> No <input type="checkbox"/> Yes Foods <input type="checkbox"/> No <input type="checkbox"/> Yes Other <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes Developmental Delays <input type="checkbox"/> No <input type="checkbox"/> Yes Physical Impairment <input type="checkbox"/> No <input type="checkbox"/> Yes Behavioral Challenges <input type="checkbox"/> No <input type="checkbox"/> Yes
List any regular medications your child takes:	List any other health information or special instructions we need to be aware of:	Other:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please continue on the back of the form

First Name:

Last Name:

Medical Information:

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

Birth Date:

School:

Current grade:

Self checkout:

Medications

Foods

Other

No

Yes

Gender:

- Male
- Female

Ethnicity:

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

List any regular medications your child takes:

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"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other

Session:

- Morning \$200
- Afternoon \$200
- All Day \$400

First Name:

Last Name:

Medical Information:

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

Birth Date:

School:

Current grade:

Self checkout:

Medications

Foods

Other

No

Yes

Gender:

- Male
- Female

Ethnicity:

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

List any regular medications your child takes:

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"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other

Session:

- Morning \$200
- Afternoon \$200
- All Day \$400

First Name:

Last Name:

Medical Information:

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Birth Date:

School:

Current grade:

Self checkout:

Medications

Foods

Other

No

Yes

Gender:

- Male
- Female

Ethnicity:

- African American
- Asian
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- 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"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other

Session:

- Morning \$200
- Afternoon \$200
- All Day \$400

THE BOYS & GIRLS CLUB OF UTAH COUNTY 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 Boys & Girls Club. 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 Boys & Girls Club 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 and to drop off and pick up my child from school. 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 Boys & Girls Club of Utah County, 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 Boys & Girls Club. 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 Boys & Girls Club. Should any injury occur to my child during participation in said programs, I authorize the Boys & Girls Club of Utah County 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 Boys & Girls Club of Utah County and medical treatment staff and personnel permission to administer to my child should my child be injured while attending activities at the Boys & Girls Club. I also understand that the Boys & Girls Club does not carry medical insurance for the members and it is my responsibility to pay all bills associated with such action. I recognize the Club is not responsible for my child when he/she is transported to the Club by parties other than the Boys & Girls Clubs of Utah County. I authorize the Boys & Girls Club of Utah County 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

For office use:

Received By:

Date Received:

Enrollment Date:

Self Pay
 DWS Scholarships
 BGC Scholarships