

Tot and Youth Membership Application

Last Name: _____
 First Name: _____
 Address: _____
 Town: _____ Zip: _____
 Phone: _____
 Date of Birth: ____/____/____ Age: ____ Male/Female: ____
 Language: _____ Race/Ethnicity: _____
 Parent/Guardian: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 E-mail: _____
 Parent/Guardian: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

I hereby give my permission for my child to join the Arlington Boys & Girls Club and participate in all Club activities and acknowledge that my child is fit and capable of participating in these activities. I waive all rights for claims that I may have against the Arlington Boys & Girls Club, Inc. its staff or Board of Directors for damages or injuries, which may occur while my child participates in Club, sponsored activities. I understand that the Arlington Boys & Girls Club does not carry personal injury or accident insurance.

Signature: _____ Date: _____

LAST NAME: _____
 FIRST NAME: _____

Person to Contact if Parent Cannot Be Reached:

Relationship: _____
 Phone: _____
 Cell Phone: _____

Medical History: All parents are encouraged to complete this optional medical form. In the event of a medical emergency, the Boys & Girls Club will provide this information to emergency service personnel caring for your child. The Boys & Girls Club does not assume the responsibility of verifying or updating the information provided, the parents or guardian are urged to inform the Boys & Girls Club of any changes in physical condition.

Please list any important medical information:

<input type="checkbox"/> New <input type="checkbox"/> Renew	<input type="checkbox"/> New <input type="checkbox"/> Renew	<input type="checkbox"/> New <input type="checkbox"/> Renew
Date: _____	Date: _____	Date: _____
Amt. Paid: \$ _____	Amt. Paid: \$ _____	Amt. Paid: \$ _____
Staff: _____	Staff: _____	Staff: _____
Please Check: <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check Check # _____	Please Check: <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check Check # _____	Please Check: <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check Check # _____