

Member Application Form

Address of Club: _____ **Contact Leader:** _____

Address: _____

Phone: _____

To be completed by youth leader.

Days of Club _____ Time: _____

To be completed by a parent/guardian (Block Letters).

Child's Name: _____ Date of Birth: ___/___/___
Parent's/Guardians Name/s: _____
Address: _____
Home Phone: _____ Other/Contact Phone _____

Please indicate below if the above child suffers from any medical condition (specifying any medication he/she may be taking) and or has any special dietary requirements about which the leaders should be informed. _____

If you are willing to give consent to a youth leader to refer your child to a doctor in the case of an emergency please sign here: _____

I give permission to _____ (Son/Daughter's Name)
to become a member of _____
on the day/ and time specified above and know of no medical reason why he/she should not do so. It is my understanding that my specific consent will be sought for any additional activity outside of the above days and times.

Parent's/Guardian's Signature: _____ **Date:** _____

To be completed by the member

I agree to respect the leaders and other members and keep to the rules of the Youth Club.

Member's Signature: _____
Date: _____

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