

REGISTRATION FORM

CHILD		
First Name:	Last Name:	
Date of birth:	Gender:	
Address:	City & ZIP:	
FATHER / GUARDIAN		
Father:		
Work Phone:	Cell Phone:	Employer:
E-mail:		
MOTHER / GUARDIAN		
Mother:		
Work Phone:	Cell Phone:	Employer:
E-mail:		
EMERGENCY CONTACT OTHER THAN PARENT		
Name:	Phone Number:	
MEDICAL / ACCIDENT INSURANCE		
Insurance (<i>circle</i>): YES NO	Insurance Co.:	Immunized (<i>circle</i>): YES NO
Indicate all medications, health, psychological, behavioral, and legal conditions.		
THE FOLLOWING INDIVIDUALS HAVE PERMISSION TO PICK UP MY CHILD		
INITIAL AND SIGN		
<p>_____ I declare that I am the parent / legal guardian, and I have custody, care and control of this child.</p> <p>_____ I give my permission for my child to attend the Boys & Girls Club programs and field trips.</p> <p>_____ I give my consent for my child's photo to be taken and may be published.</p> <p>_____ I give permission to the Boys & Girls Club of SWMT to seek medical treatment for my child if I cannot be reached. I will be responsible for any/all costs.</p> <p>_____ I fully understand by enrolling my child, indicates I have read and will comply with the Policies and Procedures of the Boys & Girls Club of Southwest Montana, a Not For Profit Corporation.</p>		
Signature of parent / guardian:		Date:
Signature of parent / guardian:		Date: