



LEBANON AREA
BOYS & GIRLS CLUB

Annual Membership Form

_____ New Membership _____ Membership Renewal

Member Name _____ Gender: M F

Birth Date: ___/___/___ Age: ___ Grade: ___ School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

OFFICE USE ONLY	
Receipt #	_____
Membership Fee \$	_____
Snack Account \$	_____
Total Received \$	_____
Cash or Check #	_____
Received by: _____	Entered by: _____
Date Received: ___/___/___	Date Entered ___/___/___

Ethnicity: (circle one)

Caucasian African American Hispanic Asian American Native American Other: _____

Member lives with: (circle one)

Both parents Mother Father Aunt/Uncle Grandparent Other: _____

Parent/Guardian Name: _____ Relationship: _____

(Circle preferred contact) Home # _____ Work# _____ Cell # _____

Email: _____ Occupation: _____ Employer: _____

Is This the Member's Primary Emergency Contact? Yes No

Parent/Guardian Name: _____ Relationship: _____

(Circle preferred contact) Home # _____ Work# _____ Cell # _____

Email: _____ Occupation: _____ Employer: _____

Is This the Member's Primary Emergency Contact? Yes No

Additional Emergency Contact: _____ Preferred Emergency Phone: _____

Additional Authorized Pickups (who are not emergency contacts):

Name _____ Relationship to Member _____

Name _____ Relationship to Member _____

ANY PERSON WHO IS NOT AUTHORIZED TO PICK UP: _____

MEDICAL CONDITIONS, ALLERGIES, OR MEDICATIONS WE SHOULD BE AWARE OF: _____

WAIVE AND RELEASE FROM LIABILITY

I have read the Lebanon Area Boys & Girls Club ("Club") membership completely; understand the policies and rules of the Club, and request that my son/daughter be admitted for membership. I have explained the rules to my son/daughter and attest and verify that my son/daughter is physically fit for the Club programs. I understand the nature of, and assume all risks associated with my son's/daughter's voluntary participations in all Club activities. I waive, release and agree to indemnify the Club, its Board of Directors, staff, and volunteers from and against any and all liability to my son/daughter, myself, or any claim or demand thereof, including reasonable attorney fees, whether caused by negligence or otherwise. I authorize the staff of the Club to seek emergency medical treatment, if the need for such should arise, and further grant full permission to the Club to use any photograph and other record in which my son/daughter may appear for any reasonable purpose.

SIGNATURE

PRINTED NAME

DATE

RELATIONSHIP TO MEMBER