BOYS & GIRLS CLUBS
OF KING COUNTY
WALLINGFORD BRANCH

# Membership Renewal
# Membership Year 2011-2012

**CONFIDENTIALITY:** Any confidential information requested is for our records and for the funding our Organization receives. The answer you provide will be kept completely confidential. Please fill out form as completely as possible.

## PARENT/GUARDIAN INFORMATION

First Parent/Guardian's Name: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Mobile #: _____ Work #: _____ Home #: _____ Email: _____

Employer: _____ Job Title: _____

Second Parent/Guardian's Name: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Mobile #: _____ Work #: _____ Home #: _____ Email: _____

Employer: _____ Job Title: _____

## CHILD INFORMATION

Child's Name: _____
First Middle Last

Nickname: _____ Date of Birth: _____ Gender: _____

School: _____ Grade: _____

## EMERGENCY CONTACT/AUTHORIZED TO PICK UP
**(other than parent/guardian or doctor)**

| | Name | Address | Phone | Relation to Child |
|---|---|---|---|---|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

Program Attending: __B.F. Day __Burke 45th St. __Sacajawea __Skyhawks __View Ridge

I have read and completed the application, understand the rules of the Wallingford Branch and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Wallingford Branch will not be responsible for any accident to the member while on the Wallingford Branch premises or while engaged in any of its activities away from the Wallingford Branch. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Wallingford Branch may care to use them.

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

**Member's Signature:** _____ **Date:** _____

GREAT FUTURES START HERE

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# Additional Children Renewal Membership Year 2011-2012

GREAT FUTURES START HERE

## CHILD INFORMATION

Child's Name: _____
First Middle Last

Nickname: _____ Date of Birth: _____ Gender: _____

School: _____ Grade: _____

Program Attending: __B.F. Day __Burke 45th St. __Sacajawea __Skyhawks __View Ridge

Child's Name: _____
First Middle Last

Nickname: _____ Date of Birth: _____ Gender: _____

School: _____ Grade: _____

Program Attending: __B.F. Day __Burke 45th St. __Sacajawea __Skyhawks __View Ridge

Child's Name: _____
First Middle Last

Nickname: _____ Date of Birth: _____ Gender: _____

School: _____ Grade: _____

Program Attending: __B.F. Day __Burke 45th St. __Sacajawea __Skyhawks __View Ridge

Child's Name: _____
First Middle Last

Nickname: _____ Date of Birth: _____ Gender: _____

School: _____ Grade: _____

Program Attending: __B.F. Day __Burke 45th St. __Sacajawea __Skyhawks __View Ridge