



**BOYS & GIRLS CLUB
OF KENOSHA**

Registration Form

Sport: _____ **League/Class:** _____ **Comments:** _____

Child Name:

First Name: _____ MI: ____ Last: _____

Gender: ____ M ____ F DOB: _____ Age _____

Race: African American ____ Asian/Pacific Islander ____ Caucasian ____ Hispanic ____ Bi-Racial ____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

School Information:

School: _____ Grade: _____ Free or Reduced Lunch: ____ Yes ____ No

Branch of Military: Air Force ____ Marines: ____ Navy: ____ Army: ____ Reserves/Branch: _____

Family Contact Information:

Mother/Stepmother/Guardian Full Name (First) _____ (Last) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____
If different than child's

Email: _____ Employer: _____

Father/Stepfather/Guardian Full Name (First) _____ (Last) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____
If different than child's

Email: _____ Employer: _____

Medical:

Doctor's Name: _____ Phone: _____

Any medical conditions? Yes No

If yes, please explain: _____

Please list any and all allergies: _____

Is this child currently taking any medications? Yes No

If yes, please explain: _____

Household Information: NOTE: This information is collected for funding purposes only and will be kept extremely confidential

Member lives with (Check) Mom Step mom Dad Grandparent Foster parents
 Other _____

Household income less than \$14,999 \$15,000-\$24,999 \$25,000-34,999 \$35,000-\$49,000 \$50,000 and over

Number in Household: _____ Current Single Parent: ___Yes ___No

Notices:

It is the responsibility of the parent/guardian to be sure that their child remains at the program until you or an authorized person picks them up or you have given permission to leave. I understand that my child may be suspended from the program for any unsportsmanlike behavior. Reinstatement process would include a meeting with Athletics Director and Sports Committee. I understand that my child's picture/video may be taken for the media and/or public relations and allow these pictures, as well as my email, to be used for media and/or public relations purposes unless I submit in writing to Boys & Girls Club (not coaches). I understand that if an accident occurs I will not hold the staff, volunteers or Boys & Girls Club liable. I will take full responsibility for any medical needs my child may have due to an accident in the program. I understand that the Boys & Girls Club is not responsible for any lost or stolen articles.

Parent or Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY Date Received: _____ Processed by: _____ Amount Paid: _____
Check #: _____ Cash: _____ Charge: _____