



**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: \_\_\_\_\_