

FIRST PARENT/GUARDIAN INFORMATION (please print)

Name			Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	FIRST	LAST				
Street Address				<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other _____
City		State		Zip		
Home Phone		Work Phone		Cell Phone		
Employer				E-mail*		

SECOND PARENT/GUARDIAN INFORMATION (please print) *If a single parent home, please write "same as above".*

Name			Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	FIRST	LAST				
Street Address				<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other _____
City		State		Zip		
Home Phone		Work Phone		Cell Phone		
Employer				E-mail*		

*E-mail will be used for sending updates on closures, quarterly programs, and other Club news

MEDICAL INFORMATION ON CHILD (please print)

Insurance Company			Policy Number		
Physician		Phone		Hospital	
Medical Problem/Allergies:	Medications:		Disabilities:		
_____	_____		_____		
_____	_____		_____		

The Boys & Girls Club of the Bemidji Area also uses the following fields to learn more about your child. Please check one item from each group below, as applicable.

ADHD/ADD: <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	EBD: <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	AUTISTIC: <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
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EMERGENCY CONTACTS

Name		Phone		Relation	
Name		Phone		Relation	

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 Parent or Legal Guardian Signature

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