



500 NW Wall Street, Bend, OR 97701
Phone: (541) 617-2877 ext.10 Fax: (541) 617-2880

Girl's Name: Age: Date of Birth: Gender: Ethnicity:

School: Teacher: Grade:

Special Needs/Medications: T-shirt Size: Youth S M L Adult S M L XL

Girl's Name: Age: Date of Birth: Gender: Ethnicity:

School: Teacher: Grade:

Special Needs/Medications: T-shirt Size: Youth S M L Adult S M L XL

Girl's Name: Age: Date of Birth: Gender: Ethnicity:

School: Teacher: Grade:

Special Needs/Medications: T-shirt Size: Youth S M L Adult S M L XL

Address: City: State: Zip:

Child(ren) lives with (circle): Parental Joint Custody Both parents Father Father & Step-parent Mother
Mother & Step-parent Guardians Grandparents Foster Parents

Father's (Guardian) Name: Employer: Occupation:

Home Phone: Work Phone: Cell Phone:

Would like to receive e-newsletter (please check) E-mail:

Preferred Method of contact Phone E-mail

Mother's (Guardian) Name: Employer: Occupation:

Home Phone: Work Phone: Cell Phone:

Would like to receive e-newsletter (please check) E-mail:

Preferred Method of contact Phone E-mail

Program Site (Check one)

- Boys & Girls Club Site - Mondays & Wednesdays 4:30pm-5:45pm (Begins Monday September 12th)
Pine Ridge Site - Tuesdays & Thursdays 3:45pm-5:00pm (Begins Tuesday September 13th)

Emergency Authorized Pick-up List

Full Name: Relationship: Authorized pick-up Emergency contact

Home Phone: Work Phone: Cell Phone:

Full Name: Relationship: Authorized pick-up Emergency contact

Home Phone: Work Phone: Cell Phone:

Full Name: Relationship: Authorized pick-up Emergency contact

Home Phone: Work Phone: Cell Phone:

Parent/Guardian Approval

I/We the parent(s)/guardian(s) of the applicant for membership in the Boys & Girls Clubs of Central Oregon (BGCCO), hereby give my/our consent to him/her being given a physical exam or emergency treatment by a physician or hospital in case of an emergency and his or her participation including transportation to and from the activity. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the BGCCO, the organizers, sponsors, participants and persons transporting my/our child to and from activities from any claim arising out of injury to my/our child, whether the result of negligence or any other cause. I/We further authorize the above named for pictures and videos, which may be used in Club publicity. I/We permit information to be exchanged with the county juvenile departments and partner agencies to determine eligibility for some grant-funded programs. I/We authorize the Club to access my child's school grades, attendance records and other academic performance indicators to use in evaluating Club programs. I/We authorize my child to participate in Club surveys. Club hours may vary due to special circumstances. BGCCO requests that parents ask their child to stay inside the building unless they are going home. BGCCO does not sanction or approve of Club volunteers participating outside the control of Club professional staff. The Club does not provide medical insurance for members and reserves the right to adjust program fees at any time.

Parent/Guardian Signature: Date:

(For administrative use only) Kidtrax #: Entered By: