



BOYS & GIRLS CLUBS
OF THE PENINSULA

SUMMER 2016 MEMBERSHIP APPLICATION SUMMER TEEN CENTER

Member Information

First Name: _____ Middle: _____ Last: _____

Gender: M / F Ethnicity: African American / Asian / Caucasian / Latino / Pacific Islander / Other

Date of birth: (month) ____ / (day) ____ / (year) ____ Address: _____

City: _____ Zip: _____ Home Phone: _____

Student Cell Phone: _____

Member lives with (check all that apply): ☐ Mother ☐ Father ☐ Grandparent(s) ☐ Other: _____

Email: _____

Current School: _____

Current Grade: _____

Member's Parent/Guardian Information

Parent/Guardian (1) First name: _____ Last: _____ Phone: _____

Parent/Guardian (2) First name: _____ Last: _____ Phone: _____

Member's Medical Information

Medical problems/allergies: _____

Medications: _____

Physician name: _____ Physician phone: _____

Are there any activity restrictions? Y / N

If yes, specify: _____

Club Member's Signature

Date