



BOYS & GIRLS CLUBS

Boys & Girls Clubs of San Leandro Enrollment Application

Enrollment Information

School Year 2016/2017

Student's Name _____ School/Site _____ Grade _____

Gender: Female / Male / Other _____ Birth date: _____ Age _____

Parent/Legal Guardian Name(s) _____ E-mail: _____

Home Address _____ City _____ Zip Code _____

Mailing Address/Secondary Address _____ City _____ Zip Code _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Do the parents/Legal Guardians speak English? Yes _____ No _____ Other Language _____

Medical Information

Does your child have health insurance? Yes _____ No _____

Insurance Company _____ Policy # _____ Group _____

Family Doctor Name _____ Phone Number _____

Please list Health Conditions/Medications, and food or drug Allergies:

Emergency Contact/Pick up Authorization:

Name	Relationship	Primary Telephone #	Secondary Telephone #
1.			
2.			
3.			
4.			
5.			

Anything else you would like us to know about your child?

Release of Liability: *I, the undersigned, in consideration of participation in the program listed above, agree to indemnify and hold harmless the Boys & Girls Clubs of San Leandro and release the Boys & Girls Clubs of San Leandro and its employees and agents from any and all liability for any injury or loss which may be suffered by the above named individual(s) arising out of or in any way connected with participation in the above program(s). I acknowledge that the Boys & Girls Clubs of San Leandro take photographs or other recordings of its activities and events for publicity and authorize the use of my child's image by the Boys & Girls Clubs of San Leandro.*

Parent/Legal Guardian Signature: _____ **Date** _____