



**BOYS & GIRLS CLUBS**  
of Green Country

## Membership Renewal Form

Members First Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Plan to attend:  Year Round  Summer Program  School Year Tribal Enrollment #: \_\_\_\_\_

I will be attending following the After School Program:  Lincoln  Jefferson  Roosevelt

Parent/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Workplace: \_\_\_\_\_ Work #: \_\_\_\_\_

Military status of Parent/Guardian:  Active  Reserve  National Guard

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pick Up List:

Authorized: \_\_\_\_\_

Not Authorized: \_\_\_\_\_

Insurance Company and/or preferred Doctor:

Name of Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Doctor Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Release on file:  Yes  No Media Release on file:  Yes  No Transportation Release on file:  Yes  No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Paid: \$ \_\_\_\_\_ Scholarship: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

**MEDICAL RELEASE**

Club File Copy

I give the Boys & Girls Clubs of Green Country, Inc. my permission to secure medical attention for my child as necessary, including transportation to medical facilities. I also hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said child, as, in the judgment of said doctor or hospital, may be required on an emergency basis. I understand and approve of the procedures the Club has set for emergencies and wish for them to take necessary action to maintain my child's health.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**MEDICAL RELEASE**

Emergency Medical Services Copy

I give the Boys & Girls Clubs of Green Country, Inc. my permission to secure medical attention for my child as necessary, including transportation to medical facilities. I also hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said child, as, in the judgment of said doctor or hospital, may be required on an emergency basis. I understand and approve of the procedures the Club has set for emergencies and wish for them to take necessary action to maintain my child's health.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**MEDICAL RELEASE**

Doctor/Hospital Copy

I give the Boys & Girls Clubs of Green Country, Inc. my permission to secure medical attention for my child as necessary, including transportation to medical facilities. I hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said child, as, in the judgment of said doctor or hospital, may be required on an emergency basis. I understand and approve of the procedures the Club has set for emergencies and wish for them to take necessary action to maintain my child's health.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_