

Membership Form



Information is Confidential

Name : _____

Gender: Male / Female

Date of Birth: _____ Grade : _____

Address: _____

Parent/ Guardian: _____

Phone: _____ Alternate Phone: _____

Person(s) whom the youth lives with: _____

Allergies/ Reaction / Treatment:

Illness or Medical Conditions / Symptoms/ Treatment:

Emergency Contact #1 – *Other than Parent / Guardian*

Name: _____ Relationship: _____

Phone: _____

Emergency Contact #2 – *Other than Parent / Guardian*

Name: _____ Relationship: _____

Phone: _____

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Student is granted permission to leave without listed guardian.

Student is **not** granted permission to leave without listed guardian.

Consent to release confidential information to West Lorne Baptist Church – Kids Club

I, _____, give permission for above mentioned student to participate in the Kids Club activities, and for this information to remain on file in confidentiality.

Signature: _____ Date: _____