

Family Information Form

Today's Date ___/___/___

- New Member** Must complete this form and Activity Registration
- Current Member** Only need to complete Activity Registration
- Current Member; New Info** List new info on this page and complete Activity Registration
- Participating as a Non-Member** Must complete this form and Activity Registration

1st Child's Name _____ Female _____ Male

School _____ Grade _____

Birthday ___ / ___ / ___

2nd Child's Name _____ Female _____ Male

School _____ Grade _____

Birthday ___ / ___ / ___

3rd Child's Name _____ Female _____ Male

School _____ Grade _____

Birthday ___ / ___ / ___

Child Lives With: Both parents Parent #1 Parent #2 Other (please specify): _____

Parent #1 Full Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email _____

Employer _____

Occupation _____

Title _____ Work Phone (_____) _____ - _____

Parent #2 Full Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email _____

Employer _____

Occupation _____

Title _____ Work Phone (_____) _____ - _____

Emergency Contact _____ Relationship _____

Primary Phone (_____) _____ - _____ Secondary phone (_____) _____ - _____

Physician's Name _____

Physician's Phone (_____) _____ - _____

Specific Health Problems _____

The undersigned parent or legal guardian of the children (child) listed above acknowledges that many of the activities conducted by The Menomonee Club for Boys and Girls, including all of the athletic activities, are inherently dangerous and releases the Club and its agents, to the extent to which the Club does not have insurance coverage, from all claims which the undersigned and/or the children (child) may have, except as a result of willful misconduct, arising from the children's (child's) participation in the Club's activities, and agrees to indemnify the Club and such persons to the extent any claim is made by such children (child). In case of emergency, and if parent or designated emergency contact is unavailable, children will be treated at Children's Memorial Hospital.

Signature _____ Date ___ / ___ / ___