



**Boys & Girls Clubs
of Hamilton**
A good place to be

45 Ellis Ave., Hamilton, Ontario L8H 4L8 Phone: 905-549-2814 Fax 905 549-2313
www.kboysandgirlsclub.com

_____ **First Name** _____ **Last Name**

_____ **Street Address** _____ **City** _____ **Postal Code**

_____ **Phone Number** _____ **School** _____ **Grade**

_____ **Doctors Name** _____ **Doctors Phone Number**

Noted Medical Conditions: _____

Emergency Contacts: _____

_____ **Male/Female** _____ **Date of Birth(Mth/Day/Year)**

Additional Family Members Purchasing Memberships:

2. _____
Name M/F Date of Birth School Grade

3. _____
Name M/F Date of Birth School Grade

4. _____
Name M/F Date of Birth School Grade

_____ **Languages Spoken** _____ **Country of Birth** _____ **Ethnicity**

Office Use Only

Fee Paid _____ **Cash/Chq** _____ **Date** _____ **Staff Initials** _____

**BOYS AND GIRLS CLUBS OF HAMILTON
PHOTOGRAPH PERMISSION FORM**

I _____ hereby give permission for photographs taken of my child/ren to be used in the program brochure and promotional material by the Boys and Girls Clubs of Hamilton Incorporated. In addition, photographs may be used in newspaper articles and the Clubs' brochure.

Names of Children

Parent Guardian Signature

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BOYS AND GIRLS CLUBS OF HAMILTON

WAIVER FORM

The undersigned acknowledges that there are certain risks associated with the Clubs programs and I agree not to hold the Boys and Girls Clubs of Hamilton responsible for accidents that occur as part of any routine program.

Parent/Guardian Signature

Date