



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

Membership Form

45 Ellis Ave, Hamilton, ON L8H 4L8
Phone: (905) 549-2814

FEES:	Child	Ages 0 - 13	\$5.00/year
	Youth	Ages 14 - 24	\$10.00/year
	Senior	Ages 55+	\$56.50/year
	Drop In	All Ages	\$4.00/visit

PARTICIPANT INFORMATION **MEMBERSHIP #:**

Name: _____ Date of Birth: _____ Gender: _____
(mm/dd/yyyy)

Address: _____ City: _____ Postal Code: _____

School: _____ Grade: _____

Doctors Name: _____ Doctors Phone: _____

Special Information (allergies, restricted activities etc.): _____

PARENT/GUARDIAN INFORMATION

Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

EMERGENCY CONTACTS

Name:	Phone Number:	Relationship to Participant:
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

ADDITIONAL FAMILY MEMBERS PURCHASING MEMBERSHIPS

PARTICIPANT #2 INFORMATION (if applicable) **MEMBERSHIP #:**

Name: _____ Date of Birth: _____ Gender: _____
(mm/dd/yyyy)

School: _____ Grade: _____

Special Information (allergies, restricted activities etc.): _____

PARTICIPANT #3 INFORMATION (if applicable) **MEMBERSHIP #:**

Name: _____ Date of Birth: _____ Gender: _____
(mm/dd/yyyy)

School: _____ Grade: _____

Special Information (allergies, restricted activities etc.): _____

PARTICIPANT #4 INFORMATION (if applicable) **MEMBERSHIP #:**

Name: _____ Date of Birth: _____ Gender: _____
(mm/dd/yyyy)

School: _____ Grade: _____

Special Information (allergies, restricted activities etc.): _____



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MEDIA CONSENT

Participant(s) Name: _____

I, _____, hereby give permission for photographs and video to be taken of my child/ren/myself to be used for Boys and Girls Clubs of Hamilton website/program brochure/ e-newsletter/social media/advertising and other promotional material for Boys and Girls Clubs of Hamilton and it's external partners.

Participant or Parent/Guardian Signature

Date

Please check box if you decline photo permission

WAIVER FORM

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

Participant or Parent/Guardian Signature

Date

PAYMENT INFORMATION (for office use only)

Payment Method

<input type="checkbox"/> Cash	Child Membership _____ x \$5.00
<input type="checkbox"/> Debit	Youth Membership _____ x \$10.00
<input type="checkbox"/> Visa	Senior Membership _____ x \$56.50
<input type="checkbox"/> Mastercard	
<input type="checkbox"/> Cheque	TOTAL: _____

Receipt #: _____

Staff Initials: _____

Date of Registration: _____