



THE SALVATION ARMY BOYS & GIRLS CLUBS OF METRO TULSA
PROGRAM REGISTRATION

Free Educational Alternative Spring 2018

(Please print clearly AND complete EACH space provided)

Member's Name: _____ **Date of Birth** ____/____/____ **Age** ____ **Sex** ____
Address _____ **City** _____ **State** _____ **Zip** _____ **County** _____ **Race** ____
Home Phone Number () _____ **School** _____
Grade _____

Parent 1 Name _____ (living in household with this child? Y N)
Primary Phone # () _____ **Work #** () _____
E-mail Address: _____

Parent 2 Name _____ (living in household with this child? Y N)
Primary Phone # () _____ **Work #** () _____
E-mail Address: _____

Emergency Contact / Authorized to pick child up from Club (other than parent or guardian): Use as many spaces as needed.

First & Last Name _____ **Relationship to member** _____
Home Phone # () _____ **Cell #** () _____

First & Last Name _____ **Relationship to member** _____
Home Phone # () _____ **Cell #** () _____

List any health or behavior related conditions that your child may have – such as: allergies to food, airborne or contact-allergies, asthma, serious illnesses, injuries, ADD/ADHD, etc. _____

Medications currently taking: _____

Authorization to seek medical/emergency treatment/assistance

I hereby authorize any physician, surgeon, or dentist (or nearest emergency medical center) to administer any emergency treatment, procedure, or medicine necessary or advisable when accompanied by an adult. I further authorize (child's name) _____, to be transported to an emergency medical center. I authorize officials of The Salvation Army Boys & Girls Club of Metro Tulsa, _____ (Unit Name) to secure an ambulance, if necessary, for transporting my child for emergency medical treatment. I request that this authorization remain in force as long as my child is engaged in any activity related to The Salvation Army Boys & Girls Club and its activities, unless notified in writing by me. Unless deemed necessary by medical personnel, I prefer my child be transported to (hospital name) _____ if transportation is necessary by ambulance.

Authorization to be photographed

I (guardian's name) _____ authorize (child's name) _____ to be photographed while participating in activities of The Salvation Army Boys & Girls Club of Metro Tulsa _____ (Unit Name) which may or may not be used in brochures or advertisements on social media. If you do not want your child to be photographed please put a check mark in the box. ☐ No, I do want my child to be photographed.

Release of Liability

It is expressly understood and agreed by the undersigned that The Salvation Army Boys & Girls Club of Metro Tulsa Creek Co. (Unit Name) is not liable for the loss or damage of property or personal injury unless such loss or injury results directly from the Club's negligence or the willful act of an employee of the organization. This release includes all transportation to and from all Club activities and field trips.

Signature

Date