

# Early Bird Registration Form



Childs Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

Other: \_\_\_\_\_

I hereby give my permission for my child to attend the Boys & Girls Clubs of Whatcom County's Early Bird Program. I also give permission for my child to participate in all activities. I also give permission for my child to travel in vehicles operated by Boys & Girls Club staff, and/or private transportation companies. I also consent that my child may be given emergency treatment including first aid and CPR by a qualified staff member. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment in the event that I cannot be reached, and authorize and consent to the medical, surgical and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital selected by the Boys & Girls Club Program Director when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I certify (or declare) that I am the parent or legal guardian of the above named child and that I have the authority to authorize such activities and actions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date