**Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | | |
| Date of Birth: | (DD/MM/YYYY) | Gender: | Male | Female |
| Other | Prefer not to say |
| Address: | City, State, Postal Code | | | |
| Phone Number: |  | Email Address: |  | |

**Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact Name: |  | Relationship to Member: |  |
| Phone Number: |  | Email Address: |  |

**Health Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any allergies? | Yes No | If yes, please list: |  |
| Do you have any medical conditions we should be aware of? | Yes No | If yes, please describe: |  |

**Membership Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preferred Activities (Check all that apply): | Sports | Arts and Crafts | Music | Dance |
| Drama | Outdoor Activities | Educational Workshops | Other (please specify): |
| How did you hear about our club? | Friend/Family | Social Media | Website | School |
| Other (please specify): | | | |

**Consent and Agreement**

I, the undersigned, understand that participation in the Youth Club activities involves some risk and, by signing below, I agree to hold the club harmless in the event of injury. I also consent to the use of photographs or videos taken during activities for promotional purposes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Member’s Signature:** | Signature | **Date:** | (DD/MM/YYYY) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian’s Signature (if under 18):** | Signature | **Date:** | (DD/MM/YYYY) |

**Payment Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership Fee:** | $[amount] | **Payment Method:** | Cash Check Credit Card Online Payment |

**Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Received:** |  | **Membership Number:** |  |
| **Processed By:** |  | | |