



## SUMMER 2023 MOORPARK CLUBHOUSE

Member's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Cell Phone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Cell Phone # \_\_\_\_\_

### First Emergency Contac:

_____	_____	_____	_____
Name	Home Phone	Cell Phone	Relation to child

### Additional Emergency Contact (other than parent):

_____	_____	_____	_____
Name	Home Phone	Cell Phone	Relation to child

Club Member Allergies (Food, mediations, etc.):

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I hereby give my son/daughter, permission to participate in this Boys & Girls Club's activity, including consent for my son/daughter to take part in various local field trips during the Moorpark Clubhouse summer program. This includes, but is not limited to, walking trips to the park for lunchtime and special event activities. In the event of an emergency, and I cannot be reached, I give my permission to the Boys & Girls Club of Moorpark & Simi Valley, and/or its agents, to obtain whatever medical assistance is necessary at my expense.

I, being parent, guardian or other person entitled to legal custody of \_\_\_\_\_, a minor child, do hereby authorize the Boys & Girls Club of Moorpark & Simi Valley, into whose care I have entrusted said minor child to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor child under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provision of the Medicine Practice Act, or to consent to an X-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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