



**BOYS & GIRLS CLUBS**  
OF KING COUNTY  
Kirkland Branch

**Membership Application**

Child's Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Parent/Guardian  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Emergency Contact (other than above): \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Assumption of Risk & Release, Consent for Treatment:** Participation in programs sponsored by the Boys & Girls Clubs of King County and the use of the clubs' facilities involves potentially hazardous activities such as running, jumping and strenuous exercise, and use of equipment that could lead to serious injury and/or death. I, the undersigned, acknowledge and assume all these risks. In exchange for participation in the programs and using the clubs' facilities, I release and agree to hold harmless, the Clubs, their agents, employees, officers, and directors from all injury, death, property damage and expenses, including attorney fees, arising from the participation in the Clubs' facilities. I, the undersigned also consent to the above named child being given emergency treatment by staff, physician, EMT, or hospital in case of accident or illness.

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