

Youth Club Membership Application

Personal Information	Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
	Address	<input type="text"/>	Phone Number	<input type="text"/>
	Email (optional)	<input type="text"/>		

Parent/Guardian Information	Parent/Guardian Name	<input type="text"/>	Parent/Guardian	<input type="text"/>
Phone	<input type="text"/>			

Emergency Contact	Name	<input type="text"/>	Phone Number	<input type="text"/>
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Interests & Hobbies	<input type="text"/> Please list your interests
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Medical Information	<input type="text"/> Allergies, conditions, medications
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Consent	<input type="checkbox"/> I/We consent to membership and participation in club activities.	Signature:	<input type="text"/>
	Date:	<input type="text"/>	