

Youth Club Membership Registration

Personal Information

First Name _____

Last Name _____

Date of Birth _____

Gender 

Phone _____

Email _____

Address

Street Address _____

City _____

Zip/Postal Code _____

Parent/Guardian Information (if under 18)

Name _____

Relationship _____

Contact Phone _____

Emergency Contact

Name _____

Relationship _____

Phone _____

Interests

☐ Sports ☐ Arts ☐ Music ☐ Volunteer ☐ Leadership

Other Interests _____

Medical Conditions / Allergies

Please specify any relevant

Declaration

☐ I declare that the information provided is true and complete.

Member's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____