

# 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 medical conditions or allergies:

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## Declaration

I declare that the information provided is true and complete.

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_