

# Membership Registration Form



WEST COOK COUNTY  
YOUTH CLUB

Term \_\_\_\_\_ Year \_\_\_\_\_

## **Child Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender (circle): M F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **Parents/Guardians #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Preferred method of contact (circle): Home Cell Work

Email \_\_\_\_\_

## **Parents/Guardians #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Preferred method of contact (circle): Home Cell Work

Email \_\_\_\_\_

# Emergency Contact Form



WEST COOK COUNTY  
YOUTH CLUB

Term \_\_\_\_\_ Year \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

Medications \_\_\_\_\_

## **Emergency Contact #1**

Name \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Preferred method of contact (circle):    Home        Cell        Work

Email \_\_\_\_\_

## **Emergency Contact #2**

Name \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Preferred method of contact (circle):    Home        Cell        Work

Email \_\_\_\_\_