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**BOYS & GIRLS CLUBS
OF THE CUMBERLAND PLATEAU**

One Week Membership Application

Child's Name: _____

Age: _____ **Birth Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

School: _____ **Grade:** _____

Emergency Contact Information

Contact's Name: _____

Relation: _____

Place of Employment: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Who will be picking your child up? _____

Their Phone: _____

I verify the above information on my child, _____, is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency.

Parent's Signature: _____ **Date:** _____