

Date: \_\_\_\_\_

## Member Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male  Female

Race: White  Hispanic  Black  Asian  Other  \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/ Guardian Names: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone/Beeper: \_\_\_\_\_

Does the child have any medical conditions? Yes  No   
If yes please state conditions \_\_\_\_\_

Does the child have any known allergies? Yes  No   
If yes please state allergies \_\_\_\_\_

## Emergency Contact Information

	Name	Phone	Relationship to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In the case of an emergency, if I the parent cannot be reached I give my permission to contact one of the above parties. By signing below I also give my permission for the Babylon Village Youth Project to use my child's name and/or photo in any Babylon Village Youth Project promotion or publication.

Parent Signature: \_\_\_\_\_