



# MARTHA'S VINEYARD BOYS & GIRLS CLUB

MEMBERSHIP #  
STAFF ISSUED

P.O. Box 654, Edgartown, MA 02539 ♦ (P) 508-627-3303 ♦ (F) 508-627-3372 ♦ bgclub@vineyard.net ♦ www.mvbgclub.org

## 2009-2010 MEMBERSHIP REGISTRATION FORM

\$20 Annual Membership Fee – Membership Expires 8/31/10

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**MEMBER INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  Female  Male

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Medications, Activity Restrictions, and/or Comments: \_\_\_\_\_

Race/Ethnicity (please circle one): African American Asian Brazilian Caucasian Multi-Racial Native American  
(for statistical purposes only)

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**PARENT/GUARDIAN INFORMATION:** (please check the MEMBER'S PRIMARY ADDRESS)

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

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION:** (please specify someone other than the listed Parents/Guardians)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

This application is factual and complete to the best of my ability. I give my consent for photographs, audiotapes, and video records of or produced by my child to be used by the MVBGC for publicity purposes. In the event of injury, or should emergency care be required and I cannot be reached, I authorize staff from the MVBGC to sign for emergency medical attention for my child. By signing below, I acknowledge that I have read and understand the policies outlined on page 2 of this application, and that I have reviewed these policies with my child.

Signature of Parent/Guardian

Date

Signature of Member

\*\*\* FOR OFFICE USE ONLY \*\*\*

Amount Paid: \_\_\_\_\_  Cash or Check # \_\_\_\_\_ Registration Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_