



Boys & Girls Club of Woburn
Charles Gardner Lane
Woburn, MA 01801

(781) 935-3777
www.bgcwoburn.org

For Office Use Only	SC	T	PL	ATB	OR	AC
Paid: Ck # _____	CC _____	Cash _____				
Club No. _____	Date _____					
New	Renew					

Additional Family Member Application

Please PRINT all information and answer all questions. Only complete forms will be processed!

Child #2 Member Information:

First Name: _____ Last Name: _____

Birth Day: _____ / _____ / _____ Age: _____ Gender: Male Female
month day year

School: _____ Grade: _____ Teacher: _____

Member Email: _____

Medical Information:

Allergies: _____

Current Medications: _____

Medical Restrictions, Physical Limitations or Emotional/Behavioral Concerns: _____

I authorize the Boys & Girls Club Staff that are trained in the basics of first aid and/or CPR to give my child(ren) first aid when appropriate and I give permission to the Boys & Girls Club of Woburn to seek emergency medical treatment for my minor child(ren) if I cannot be reached. I will be responsible for any and/or all costs of medical attention and treatment.

Parent/Guardian Signature: _____ Date: _____

Child #3 Member Information:

First Name: _____ Last Name: _____

Birth Day: _____ / _____ / _____ Age: _____ Gender: Male Female
month day year

School: _____ Grade: _____ Teacher: _____

Member Email: _____

Medical Information:

Allergies: _____

Current Medications: _____

Medical Restrictions, Physical Limitations or Emotional/Behavioral Concerns: _____

I authorize the Boys & Girls Club Staff that are trained in the basics of first aid and/or CPR to give my child(ren) first aid when appropriate and I give permission to the Boys & Girls Club of Woburn to seek emergency medical treatment for my minor child(ren) if I cannot be reached. I will be responsible for any and/or all costs of medical attention and treatment.

Parent/Guardian Signature: _____ Date: _____