



**BOYS & GIRLS CLUBS
OF DURHAM AND ORANGE
COUNTIES**

1010 Martin Luther King Jr. Parkway, Durham NC 27713
(919) 687-4517 www.bgcdoc.org

TEMPORARY MEMBERSHIP APPLICATION

This form will count as temporary membership registration for January 21 & 22, 2020.
This does NOT count as full membership registration.

Child's First Name: _____ Last Name: _____

DOB: _____ Age: _____

Parent/Guardians Last Name: _____ First Name _____

Cell: _____

Hotel Name: _____

Address Where Currently Staying: _____

School Information

Current School: _____ Current Grade: _____

Medical Information

Health Problems: Yes No

If yes, explain _____

Medications: Yes No

Food Allergies: Yes No if yes, explain _____

Emergency Contact Information (Person(s) Authorized to Pickup Member)

Parent/Guardian: _____ Parent/Guardian: _____

Number: _____ Number: _____

Relationship: _____ Relationship: _____

I give my child _____ permission to participate in BGCDOC activities and programs.

I do hereby give my child permission to attend and participate in the activities sponsored by BGCDOC. I hereby release the BGCDOC, its employees, associates, and contributors from personal liability from any injury, loss of theft incurred by my child while participating. I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident.

My signature indicates that I completely understand the above statements.

Parents Signature: _____ Date: _____