Office Use Only							
Date:	Paid:	Yes	No				
Amount: \$							
Received by:							



Office Manager Use Only

New or Renewal

VISITOR

Date:				

Club: _____ Membership #:_____

Visitor Information Form

Name:	/	// Middle			/	
First			,	Last	Dhana	Nickname
Address:Street		City		Zip Code		
Date of Birth://	Age:	Gender:M	F E	mail:		
	Pare	ent/Guardian Inform	nation:			
Name:	Relatio	onship:	E	Employer:_		
Phone (Cell):	(Work):	Eı	mail:_			
Name:	Relatio	onship:	E	employer:_		
Phone (Cell):	(Work):	Eı	mail:_			
Additional Emergency Name: Relationship:		Explain:				
Phone:		A 11 /G	•,•			
Cell Phone:		Allergies/Sensitivities:				
Name:		Medication(s):				
Relationship:				chool Infor		
Phone:		Name of School:				Grade:
Cell Phone:		1 (41110 01 20110 011				
I give my permission to to minor child if I cannot be reached however, that this membership in of Santa Barbara County staff and and peers, respect the facility and arguments positively, and maintain responsible for lost or stolen item members are required to sign in a I give my permission for Boys & Girls Club and its activities	I. I will be responsible of the cludes a secondary in the control of the cludes are expected for the cludes are expected as a secondary of the cludes are also as a drop-in facility of the cludes and sign out daily. The cludes are c	e for any/all costs of me insurance while taking pated to uphold the code rly and be honest, avoid I understand that the Uty, we are not responsib	edical at part in t of cond d the us nited B ole for C D FOR 5	ttention and the UBGC action of	treatment. It is in it is it i	understood, d Boys & Girls Clubs to staff, volunteers, k indoors, resolve rbara County is not However,
Printed Name		Signature				Date

Page ${\bf 1}$ of ${\bf 1}$

01/15