



# Orrville Area Boys and Girls Club 2010 Summer KIDSTOP

## Member Information:

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

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

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

Grade (2010-2011 school year): \_\_\_\_\_ Age: \_\_\_\_\_

Allergies or medical needs: \_\_\_\_\_

## Legal Guardian Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

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

## Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child may only be picked up by legal guardian, emergency contact, & the following:**

\_\_\_\_\_  
\_\_\_\_\_

(For the safety of our members, the adult picking up a child may be asked to present identification.)

(Continued on back)

**Please indicate below if your child is a swimmer or non-swimmer.**

\_\_\_\_\_ Swimmer      \_\_\_\_\_ Non-Swimmer

**Please indicate below how you plan to pay for KIDSTOP.**

\_\_\_\_\_ Weekly      \_\_\_\_\_ Biweekly      \_\_\_\_\_ Monthly

**Please indicate below approximate days your child will be at KIDSTOP:**

\_\_\_\_\_ Monday      \_\_\_\_\_ Tuesday      \_\_\_\_\_ Wednesday  
\_\_\_\_\_ Thursday      \_\_\_\_\_ Friday

**Please indicate below if your child has any allergies or special medical needs:**

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**Additional Comments or special information:**

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**Parent/Guardian Signature:** \_\_\_\_\_

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