

Acton GEMS Girls' Club

REGISTRATION FORM – 2011-12

GEM'S Name: _____ Birth Date: _____

Parent(s) names (s): _____

Address: _____

City/Town: _____ Postal Code _____

Home Phone: _____ Work/Cell Phone: _____

Email address (for newsletters & reminders) _____

Family Doctor: _____ Doctor's Phone: _____

Health Card #: _____

NOTE: The signing of this form will cover all activities while your child is enrolled in Acton GEMS Girls' Club for the 2011/2012 season. Information will only be used for in-club purposes.

1. Please list any physical limitations, medical allergies and/or special medical treatment this GEM may require: _____

2. In case of medical emergency, I hereby give permission to the attending Counselor to seek medical attention as is needed for the child named above. It is understood that all effort will be made to contact the parent/guardian first.
3. I do hereby give my child permission to attend and participate in the various activities, associated activities and functions performed by the Acton GEMS Club #5502. I also understand that in case of accident or injury, etc. to my/our child, the Acton GEMS Club #5502, the GEMS Girls' Club Organization, nor the counselors will be held liable.

Signed: _____ Date: _____
(Parent or Guardian)