



**Limestone Girls Club**  
 "The Positive Place for Kids"  
**Membership Registration**



Legal Name: \_\_\_\_\_ Name Member goes by: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M or F Date of birth: \_\_\_\_\_ Siblings that attend the Girls Club: \_\_\_\_\_

Ethnicity: *African America Asian Caucasian Hispanic Other* (please circle the one that applies)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does member qualify for free school lunch or reduced school lunch? (Please circle the one that applies)

New or Renewing Member? (please circle) Member lives with: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent Name (Mom): \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Name (Dad): \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact person (other than guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name of all person(s) who will be picking member up from the Girls Club: \_\_\_\_\_

Person(s) **NOT** authorized to pick member up from the Girls Club: \_\_\_\_\_

Please list any medical problems/allergies of member: \_\_\_\_\_

*Single parent home? Yes / No*

*Grandparent raising member? Yes / No*

I have completed the membership registration for the Limestone Girls Club (LGC) and request that my child be admitted into membership. My child & I agree to follow all rules and guidelines of LGC. The LGC is not responsible or liable in any way in the event of injury occurring to the member while at or attending any event of the LGC. In the event of an emergency, I hereby give permission for the LGC staff to seek proper medical treatment for my child. It is agreed that parent/guardian of member will not hold the LGC responsible for the welfare or whereabouts of the member before, during and after visit to the LGC. I will give my consent for photographs in which my child may appear, to be used for media purposes (newsletters, LGC event advertising, newspaper, and LGC website).

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult registering member other than parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

LGC membership \$25.00 per calendar year. *All information obtained through membership is confidential. Statistical information is used to secure club funding.*