



## Registration

**Dear Parent(s)/Guardians(s):**

It is required that the Brodhead Area Children's Klub (BACK) has a record of all youth who attend, along with emergency contacts and medical health information.

**Please note that BACK has an "open door policy" and is not responsible for children once they leave BACK.** If their child leaves early, parents will receive a call/text from staff.

### Youth/Parent Contact Information

Youth Name \_\_\_\_\_ Parent/Guardians(s) Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City/Town State Zip Code

Home Phone \_\_\_\_\_

Parent: Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### Health and Other Needs

Does your child have allergies or other health-related issues: (circle) YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share any information that will help BACK staff best support your child while at a session (or contact BACK Staff directly):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Photographs or Video Taping**

I give permission for my child to be photographed or videotaped during the time he/she is involved in the BACK. (There will be no commercial use of the photographs or videos without further written consent.)

(circle) YES NO

**BACK Rules-**

**BACK Consequences-**

I have read and understand the above-mentioned expectations, and I will strive to achieve these expectations. I also understand that I may be asked to leave BACK if I do not follow the above rules for the day or for an extended period of time.

\_\_\_\_\_

<b>Member Name (PRINT)</b>	<b>Member Signature</b>	<b>Date</b>
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I have read and understand the expectations that my child must follow while at the Children's club.

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<b>Parent/Guardian Name (PRINT)</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
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