



SHUTTLE REGISTRATION FORM

SCHOOL _____

CHILD'S NAME _____

BIRTH DATE _____ AGE _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ MEMBER CARD # _____

PARENT OR GUARDIAN'S NAME _____

HOME PHONE _____ WORK PHONE _____ (Ext) _____

PARENT OR GUARDIAN'S NAME _____

HOME PHONE _____ WORK PHONE _____ (Ext) _____

EMERGENCY CONTACT _____

HOME PHONE _____ WORK PHONE _____ (Ext) _____

LIST ANY INFORMATION ABOUT THE PARTICIPANT THAT THE BOYS & GIRLS CLUB STAFF SHOULD BE AWARE OF (MEDICAL PROBLEMS, ALLERGIES, MEDICATIONS, ETC.)

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I HEREBY GIVE THE ABOVE NAMED MEMBER PERMISSION TO PARTICIPATE IN THE BOYS & GIRLS CLUB SCHOOL SHUTTLE PROGRAM & HEREBY RELEASE THE BOYS AND GIRLS CLUB, INC., AND IT'S OFFICERS, DIRECTORS, & EMPLOYEES FROM ANY & ALL CLAIMS, DAMAGES, COST OR LIABILITY ARISING OUT OF IN ANY WAY RELATED TO THE SHUTTLE PROGRAM. I UNDERSTAND THAT THE MEMBER WILL BE PICKED UP FROM THE ABOVE NOTED SCHOOL BY A QUALIFIED DRIVER, AND TRANSPORTED TO THE BOYS & GIRLS CLUB OF EL DORADO LOCATED AT 1201 N. WEST AVE.

SIGNATURE

RELATION TO MEMBER

DATE

RIDES PROVIDED FROM SCHOOL TO CLUB ONLY