



www.buildersclub.org

Member's Name _____ Age _____ Grade _____ Birth date ____/____/____
 Address _____ Phone _____
 City _____ State _____ Zip _____ Email _____
 Mother/Guardian _____ Day phone _____
 E-mail _____ Evening phone _____ Cell or pager _____
 Father/Guardian _____ Day phone _____
 E-mail _____ Evening phone _____ Cell or pager _____

Must have information for emergency contact if parent(s) cannot be reached (please print clearly):

Name/ Relationship: _____ Phone: _____
 Name/ Relationship: _____ Phone: _____

HEALTH HISTORY – All Information provided will be kept confidential

Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed

Are all immunizations up to date? ___Yes ___No If no, please state reason: _____

Please provide comments where applicable: Medication being taken _____

Special dietary needs/restrictions: _____

Specific information including physical, psychiatric or behavioral problems: _____

Insurance company: _____ Policy Number: _____ Group # _____

Family physician: _____ Phone: Day _____ Eve _____

Parent Permission Statement

- I give permission for my child to participate in Builders Club meetings and activities after school.
- The health history is correct as far as I know, and the person herein described has my permission to engage in all events activities except as noted.
- **EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby grant permission to the program director to secure proper treatment for my child.
- Keyser Middle School may use any photo in which my child appears to promote Builders Club and/or KMS. I understand my child will become a registered member through participation in this program.

Parent/Guardian Signature required:

Signature _____ Date _____

If you have questions, please contact Stacey McClintock, Sheila Powell, or Dana Bateman, Teachers and Club Advisors, at Keyser Middle School, 879 Harley O. Staggers Sr Drive, Keyser, WV 26726, 304-788-4220.