MEMBERSHIP ENROLLMENT FORM

	Preferred Contact Method	d: Mobile Phone	Home Phone Text M	lessage Email Fac	ebook Parents/Guardian	
Name:	(Last)			(First)		
DOB:				T-Shirt Size:	(MI/	
Grade:Sch	and Name:				(Youth 5L CR Adult 5-XXL)	
GradeSur	1001 Name				OR O Home Schooled	
Youth Phone:		0 Home Mobile	Youth Email:			
YES, I have siblings who atte NO, I do not have siblings who	end The Game Loft as well attend The Game Loft as	as myself. Their initials a well as myself	re:	- This is	my first membership	
PARENT/GUARDIAN IN	FORMATION	Preferred Contact M	ethod: Mobile Phone	Home Phone Text Mess	age Email Facebook	
Name:			Relati	onship:		
Address:		(City)			(Zip code)	
(Street) Phone:		O Home O Mobile	Alt. Phone:		D Work \square Mobile	
Email:			_	May we	contactyou at work? YES O NO	
Name:	Relationship:					
Address:				-		
Phone:	(Street)	D Home D Mobile	(City/ Alt. Phone:		(Zip Code/ 0 Work O Mobile	
Email:				Maywe	contactyou at work? U YES O NO	
EMERGENCY CONTACT	INFORMATION			MUST BE an ADULT & NOT	the youth's Parent/Guardian(s).	
EMERGENCY CONTACT Name:	INFORMATION		Relatio	<i>MUST BE an ADULT & NOT</i> onship:	the youth's Parent/Guardian(s).	
	INFORMATION		Relatio		the youth's Parent/Guardian(s).	
Name: Address:	INFORMATION (Street)	D Mobile D Home	(City/		The youth's Parent/Guardian(s). (Zip Code} ☐ Mobile ☐ Work	
Name: Address: Phone:	(Street)	D Mobile D Home			(Zip Code)-	
Name: Address:	(Street)		(City/ Alt. Phone:	onship:	(Zip Code)-	
Name: Address: Phone: EMERGENCY MEDICAL	(Street)		(City/ Alt. Phone:	onship:	(Zip Code)-	
Name: Address: Phone: EMERGENCY MEDICAL	(Street) INFORMATION onic medical conditions that	it we should/need to be	(City/ Alt. Phone: aware of? ^D YES ^D NO If	onship: YES, please explain.	(Zip Code)-	
Name: Address: Phone: EMERGENCY MEDICAL Does the youth have any chro	(Street) INFORMATION onic medical conditions that ations that we should/nee	it we should/need to be	(City/ Alt. Phone: aware of? D YES D NO If	onship: YES, please explain.	(Zip Code)-	
Name: Address: Phone: EMERGENCY MEDICAL Does the youth have any chro	(Street) INFORMATION onic medical conditions that ations that we should/nee	it we should/need to be	(City/ Alt. Phone: aware of? D YES D NO If	onship: YES, please explain.	(Zip Code)-	
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Name: Address: Phone: EMERGENCY MEDICAL Does the youth have any chro be the youth taking any medic Does the youth have any aller VOLUNTARY REPORTIN Inicity: Hispanic Non-Hispanic Non-Hispanic	(Street) INFORMATION pric medical conditions that ations that we should/nee gies that we should be away and the should be away at	at we should/need to be d to be aware of? D YES are of? D YES D NO Is The following	(City/ Alt. Phone: aware of? D YES D NO If S D NO If YES, please expl. f YES, please explain. g information is usedfor fun African American Asian	onship: YES, please explain. ain. ding purposes. Thank you fa	(Zip Code)- □ Mobile □ Work r sharing these answers with us.	
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78A Main Street, Belfast, ME. 04915

Parent/Guardian Signature:

Phone: (207) 338-6447 email: info@theGameloft.org web: www.thegameloft.org