



**Pueblo of Pojoaque
Boys & Girls Club**

Member Registration Form

Term: Summer	<input type="text"/>
	Year
After School	<input type="text"/>
	Year

Participant Information

Name: _____ Date of Birth _____ Age _____

Current School _____ Grade starting fall 2025 _____

Mailing Address _____ City _____ State _____ ZIP _____

Physical Address _____ City _____ State _____ ZIP _____

Ethnicity

Native American ☐ Hispanic/Latino ☐ Caucasian ☐

Asian ☐ African-American ☐ Other _____

Pojoaque Tribal Member Yes ☐ No ☐

Parent/Guardian Information

Mother's Full Name _____ Mother's Employer _____

Mother's Cell Phone _____ Mother's Work Phone _____

Mother's email _____

Father's Full Name _____ Father's Employer _____

Father's Cell Phone _____ Father's Work Phone _____

Father's email _____

Guardian's Full Name _____ Guardian's Employer _____

Guardian's Cell Phone _____ Guardian's Work Phone _____

Guardian's email _____

Acknowledgments

I understand that I will be contacted on a regular basis via text and email to keep me up to date with the latest announcements regarding activities and schedules.

Initials

I acknowledge the late pick-up policy and understand that charged 1:00 for every minute after 5:30 in the summer and 6:00 PM during after-school session. Payment is due immediately or at the next pick up. If you are going to be late, you must notify the club staff to avoid late fees. In case of repeated late pick-ups, a suspension of services may apply.

Initials

I authorize the calling of a doctor and the providing of necessary medical services in the event my child becomes injured or ill.

Initials

I understand that the Pueblo of Pojoaque Boys and Girls Club is not responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Initials

I give permission for my child to be photographed at the Pueblo of Pojoaque Boys and Girls Club. I understand that photos will be used to keep a journal of activities, to share during presentations and/or reports to our donors and for promotional purposes.

Initials

I give permission for my child to participate in all Boys and Girls Club programs and field trips and to be surveyed and interviewed to find out what his/her behaviors, attribute and skills are in regards in issues such as health risk habits, self-esteem, education and education resources, career choices, and connections to community as well as their club experience.

Initials

I understand that all PPBGC members are expected to follow the rules and guidelines for using the Internet and technology for any activity.

Initials

I understand that field trips are planned based on best fit for age groups and that some field trips will not be appropriate or desirable for my child. I acknowledge that on days where such field trips happen, my child will not attend the club. Notifications for field trips and their nature will be issued one week ahead.

Initials

List of Allergies	Let us know of any medical conditions that would impact the child’s ability to participate in regular club activities.

I certify that all the information provided concerning the applicant is accurate.

Print Name

Signature

Date



**Pueblo of Pojoaque
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Emergency/Child Pick-Up Authorization Form

#1 Emergency/Pick Up Person

Name: _____

Relationship: _____

Cell phone _____ Work Phone _____

#2 Emergency/Pick Up Person

Name: _____

Relationship: _____

Cell phone _____ Work Phone _____

#3 Emergency/Pick Up Person

Name: _____

Relationship: _____

Cell phone _____ Work Phone _____

#4 Emergency/Pick Up Person

Name: _____

Relationship: _____

Cell phone _____ Work Phone _____

Fill out if applicable. You will be required to provide official court-order documentation

PERSONS NOT AUTHORIZED TO PICK UP CHILD

Name: _____

Relationship to the child: _____

Parent/Guardian Signature: _____

Date: _____