



Boys & Girls Club of Woburn
Charles Gardner Lane
Woburn, MA 01801

(781) 935-3777
bgcwoburn@comcast.net
www.positive-place.org

For Office Use Only		SC	H	T	PL	_____
Paid:	Ck # _____	CC	_____	Cash	_____	
Club No.	_____	Date	_____			
New	_____	Renew	_____			

Additional Members Form

(Only to be used with full membership application when registering two or more children from the same family.
Proof of age is required for **all** members.)

All family members living at the same address can register on one application if they share the same common information. Family members not sharing common information or not living at the same address must complete separate applications.

Child #2

Name _____
First
Middle
Last

E-Mail _____ **School** _____ **Grade** _____ **Must be 8 years old.*

Race/Ethnicity (Check all that apply): Indian/South Asian Caucasian Asian Hispanic
 African American Native American Other _____

Date of Birth _____ **Place of Birth** _____ **Age*** _____ **Gender** _____

Health & Safety Information

Please list any medical restrictions and/or physical limitations: _____

Please list any medication being taken: _____

Child #3

Name _____
First
Middle
Last

E-Mail _____ **School** _____ **Grade** _____

Race/Ethnicity (Check all that apply): Indian/South Asian Caucasian Asian Hispanic
 African American Native American Other _____

Date of Birth _____ **Place of Birth** _____ **Age*** _____ **Gender** _____

Health & Safety Information

Please list any medical restrictions and/or physical limitations: _____

Please list any medication being taken: _____