**Boys & Girls Club of Lawrence Information Form For**

**Grammar School League**

Circle One

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**\_\_\_\_\_\_\_ **New** Y N

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**\_\_\_\_\_\_\_\_

**Primary Guardian Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Relationship**\_\_\_\_\_\_\_\_\_\_

**Home Family Status**: (Circle One) Both Parents Single Parent Foster Parent Guardian

**Home Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact** (Name & #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship Of Emergency Contact To Team Member**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Ethnicity**: (Circle One) Hispanic Caucasian Asian African American

**School**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**\_\_\_\_\_\_

**School Lunch Status**: (Circle One) Free Reduced Doesn’t Apply

**Insurance**: (Circle One) Medicaid/Mass Health Private Health Insurance