



# THE DEMO DEVILS KIDS CLUB MEMBERSHIP APPLICATION FORM



Please write neatly and get your Parent/Guardian to read this to you. They must sign this before you can become a Demo Devil Member and they must be a current Financial Member of The Club.

My name is \_\_\_\_\_  
(full name please)

My address is \_\_\_\_\_  
\_\_\_\_\_

My phone number \_\_\_\_\_ My date of birth: \_\_/\_\_/\_\_

I have read the rules and regulations of The Demo Devil's Club and I understand that I must follow them at all times.

SIGNED: \_\_\_\_\_ Date: \_\_/\_\_/\_\_  
(Please sign your name and put today's date)

I \_\_\_\_\_, Membership Number: \_\_\_\_\_  
(your name) (Found on your card)

as parent/guardian, give my permission for \_\_\_\_\_  
(Child's name)

To join The Demo Kid's Club. I have read the rules and regulations of Kid's Club to my child and we understand that all Kid's Club Members must follow these rules at all times.

**IMPORTANT:**

Emergency contact: \_\_\_\_\_

Allergies: \_\_\_\_\_

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**OFFICE USE ONLY**

MEMBERSHIP NO. \_\_\_\_\_  
DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

CARD ISSUED: \_\_\_\_\_  
DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_