

4245 North Kingshighway Blvd.  
St. Louis, MO 63115

Mathews-Dickey Registration Fees Consist Of A **NON-REFUNDABLE** \$50.00 Membership Fee (Or Voucher) And A \$25.00 Activity Fee. All Information Is Confidential, Important and Necessary For Data Purposes.

**Membership Type**

☐ Annual ☐ Voucher ☐ Redbird Rookie Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Head of Household Information**

Primary Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #:(\_\_\_\_)\_\_\_\_\_ ☐ Cell ☐ Home Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work #: (\_\_\_\_)

Additional Guardian (Optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #:(\_\_\_\_)\_\_\_\_\_ ☐ Cell ☐ Home Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work #: (\_\_\_\_)

**Participant(s) Information**

1. First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_\_ Suffix: \_\_\_\_\_

Gender: ☐ M ☐ F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nick name: \_\_\_\_\_

Ethnicity/ Race: ☐ African-American/African ☐ Asian ☐ Bi/Multi-Racial

☐ Caucasian

☐ Hawaiian/Pacific Islander ☐ Hispanic/Latino ☐ Native -American/Alaskan Native

☐ Other

School: \_\_\_\_\_

School District: \_\_\_\_\_ Grade Level: \_\_\_\_\_ **Free/Reduced**

**Lunch:** ☐ Y ☐ N Insurance: ☐ N ☐ Y Company Name: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_

Medications:

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Disabilities:

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2. (Optional) First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Gender: ☐ M ☐ F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Nick name: \_\_\_\_\_

Ethnicity/ Race: ☐ African-American/African ☐ Asian ☐ Bi/Multi-Racial

☐ Caucasian

☐ Hawaiian/Pacific Islander ☐ Hispanic/Latino ☐ Native -American/Alaskan Native

☐ Other

School: \_\_\_\_\_

School District: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Free/Reduced

Lunch: ☐ Y ☐ N

Insurance: ☐ N ☐ Y Company Name: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Medical Problems/Allergies:

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Medications:

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Disabilities:

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3. (Optional) First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Gender: ☐ M ☐ F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Nick name: \_\_\_\_\_

Ethnicity/ Race: ☐ African-American/African ☐ Asian ☐ Bi/Multi-Racial

☐ Caucasian

☐ Hawaiian/Pacific Islander ☐ Hispanic/Latino ☐ Native -American/Alaskan Native

☐ Other

School: \_\_\_\_\_

School District: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Free/

Reduced Lunch: ☐ Y ☐ N

Insurance: ☐ N ☐ Y Company Name: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Medical Problems/Allergies:

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Medications:

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Disabilities: \_\_\_\_\_

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**Emergency Contact(s)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #:(\_\_\_\_)\_\_\_\_\_ ☐ Cell ☐ Home Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work #: (\_\_\_\_)

☐ Authorized to Pick-Up ☐ Lives in Household ☐ Emergency Contact

2. Name (Optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #:(\_\_\_\_)\_\_\_\_\_ ☐ Cell ☐ Home Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work #: (\_\_\_\_)

☐ Authorized to Pick-Up ☐ Lives in Household ☐ Emergency Contact

3. Name (Optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #:(\_\_\_\_)\_\_\_\_\_ ☐ Cell ☐ Home Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work #: (\_\_\_\_)

☐ Authorized to Pick-Up ☐ Lives in Household ☐ Emergency Contact

**In Case Of Emergency Hospital Choice:**

Number of Adults \_\_\_\_\_ Number of Children (Including Member(s)) \_\_\_\_\_

Annual Family Income:

☐ \$0-\$9,999

☐ \$10,000-\$14,999

☐ \$15,000-\$19,999

☐ \$20,000-\$29,999

☐ \$30,000-\$49,999

☐ \$50,000-\$99,99

☐ \$100,000 and Greater

**How Did You Hear About Mathews-Dickey Boys' & Girls' Club?**

☐ School

☐ Online/Social Media

☐ Newspaper

☐ Alumni

☐ TV

☐ Magazines

☐ Event

☐ Radio

☐ Other \_\_\_\_\_

**Please review the following and sign where required:**



United Way  
of Greater St. Louis

I give my consent for my child to join the Mathews-Dickey Boys' & Girls' Club of St. Louis. As a member family of Mathews-Dickey, we accept responsibility for the proper care, usage and return of all Mathews-Dickey property, uniforms and equipment. I grant permission for my child to participate in field trips and special events scheduled for members.

I understand that all precautions will be taken for the safety and welfare of my child. I will not hold the Mathews-Dickey Boys' & Girls' Club or its Representatives responsible for any accidents incurred by my child during participation in Club programs. I clearly understood that Membership fees are not refundable under any circumstances.

I grant Mathews-Dickey Boys' & Girls' Club of St. Louis its representatives and employees the right to take photographs of my child in connection with organization events. I authorize permission to copyright, use, and publish the same in print and/or electronically. I understand that such photographs may be used with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

**By my signature, I agree to the above statement:**

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**Please select programs you are interested in:**

<b>Athletics</b>	<b>After School</b>	<b>Summer Camp</b>	<b>Career Readiness</b>
Baseball	Dance	Summer Camp	Maleness to Manhood
Basketball	Drum & Bugle		Sheer Elegance
Cheerleading	Green St. Louis Machine		Sky is the Limit
Football	Guitar		
Golf	Gymnastics		
Martial Arts	Piano		
Soccer	Technology		
Softball	Voice		
Swimming	YOU Lead		
Tennis			