



Mingle Youth Club

Membership Registration Form

Child Full Name: _____ **Nickname:** _____

Member No: _____

Date of Birth: _____

No. of Siblings: _____

ID Card: _____

Home address: _____

Important notes:

Allergies Yes No

*Please Specify: _____

Any other must-know health concerns (e.g. hyperactivity, asthma, high sensitivity, autism, dyslexia, phobias, etc)

Guardian 1

Full name: _____

ID Card: _____

Relation to Child: _____

Telephone: _____

Member Yes No

Member No: _____

Guardian 2

Full name: _____

ID Card: _____

Relation to Child: _____

Telephone: _____

Member Yes No

Member No: _____

Date: _____



Mingle Youth Club

Membership Information

Child Full Name: _____ **Nickname:** _____

Member No: _____

Member details:

Membership type: Day Monthly 6-Months 12-Months

Total in THB: _____

Membership start date: _____

Membership end date: _____

I hereby apply for membership to Mingle Youth Club. I agree to follow the guidelines that are set-out by the facility in full. I understand that the facility and equipment are prepared to facilitate the self discovery, learning and socializing for youth and teens, particularly special needs and gifted children. And I agree to responsibly use and return equipment without damaging them.

Mingle Youth Club is an inclusive and supportive community for the gifted and special needs children. The club reserves the rights to deny or terminate membership in the event of bullying and/or intentionally disruptive behaviors.

Sign (Child):

Sign (Guardian 1):

Sign (Guardian 2)
