

Membership Information Form



Boys & Girls Club of Henderson County

Office Use Only	2010-2011
Club ID Number:	_____
Membership Date:	_____
Date:	_____
Received By:	_____
Referred By:	_____

ALL SPACES MUST BE COMPLETED TO PROCESS APPLICATION (PRINT OR TYPE)

Youth's Information

Full Name: _____ SSN #: _____
First Name Middle Name Last Name

Address: _____
Street Address Apt./Unit #
City State Zip

Home Phone: () _____ Age: _____ Birthdate: / / _____ Gender: Male Female (Circle one)

Ethnicity (Circle one): African American Asian Hispanic Latino Multi-Racial Native American White Other _____

Status (Circle one): New Member Renewing Member School Name: _____ Grade: _____

Reason for Enrolling Child:	Our Programs To Keep Out of Trouble	Referred By:	Member/Parent School Juvenile Courts
	A Safe Place Other		Law Enforcement Other

Parent/Guardian Information

Father/Step Father's Name (Circle One): _____ Employer: _____

Address (If not the same): _____
_____ Authorized to Pick up

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Mother/Step Mother's Name (Circle One): _____ Employer: _____

Address (If not the same): _____
_____ Authorized to Pick up

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Guardian's Name (If applicable): _____ Employer: _____

Address (If not the same): _____
_____ Authorized to Pick up

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Relationship to Child: _____

Pick Up Information

Is your child allowed to walk home? Yes No

The following other people are authorized to pick up my child:

Name: _____ Relationship to Child: _____

Home Phone: () _____ Cell Phone: () _____

Name: _____ Relationship to Child: _____

Home Phone: () _____ Cell Phone: () _____

Name: _____ Relationship to Child: _____

Home Phone: () _____ Cell Phone: () _____

Name: _____ Relationship to Child: _____

Home Phone: () _____ Cell Phone: () _____

Medical Information

Primary Physician's Name: _____ Phone: (____) _____

Medical Problems/Physical Disabilities? Yes No If Yes, Explain _____

Allergies? Yes No If Yes, Explain _____

Mental/Behavioral Problems? Yes No If Yes, Explain _____

List all medications Your Child is Taking: _____

Do You Have Insurance? Yes No Insurance Company & Policy #: _____

Do You Have Medicaid? Yes No Number: _____

The following information is necessary for our records and funding. The answers you provide will be kept safe and secure within our Boys & Girls Club. Your cooperation in providing this information is both appreciated and necessary. Please fill out completely.

Current Single Parent: _____ Yes _____ No

Member Lives With: Mother Step Mother Father Step Father

(Check all that apply) Grandparent Other Relative Guardian Other _____

Annual Household Income:

\$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000

\$30,001 - \$35,000 \$35,001 - \$40,000 \$40,001 - \$45,000 \$45,001 - \$50,000 \$50,000 +

Public Housing? Yes No

Number in Household: _____

Are there any other club members in the HOUSEHOLD? _____ Yes _____ No

If yes, please list names: _____

By signing below I give consent to the Boys and Girls Club to:

- Transport my child to activities/field trips.
- Obtain my child's academic report from his/her school, including grades, attendance, discipline reports, standardized state test scores and reading grade levels.
- Use photographs/videos in which my child or I may appear for B&GC publicity, press releases, news stories, reports, and other such purposes.

I also agree to:

- Read and understand the Membership Handbook. Explain club rules to my child.
- Ensure my child(ren) follows dress code policy. (See Membership Handbook)
- Keep all cell phones, electronic games, trading cards, collections or other valuables at home. Lost, stolen or damaged items are not the responsibility of the Club; confiscated items may be claimed at the front desk by parents.
- Accept responsibility for any damages created by inappropriate behaviors by my child.
- Instruct child(ren) to attend daily Power Hour, Smart Moves, and all other scheduled programs for their age group.
- Pay any and all late fees charged to me if I fail to pick up my child(ren) on time. (See Membership Handbook for late fee policy)

PARENTS AND/OR GUARDIANS WILL BE NOTIFIED AS SOON AS POSSIBLE IN THE EVENT OF A SERIOUS INJURY OR SERIOUS ILLNESS. If parents/guardians cannot be contacted before treatment is deemed necessary, then the Boys & Girls Club is hereby authorized to seek any medical treatment, which may be advised ore recommended by Physicians, and parents/guardians will accept responsibility to pay for such treatment.

Parent or Guardian Signature: _____ Date: _____

