



BOYS & GIRLS CLUB
of Southwestern Oregon

____ SCH
____ LMI

Membership Application

Please complete form **in ink** in full and write clearly.
Incomplete forms will not be accepted and membership will be denied.

Membership Data Returning Member New Member

Child's Name: _____ Gender _____ Age _____ DOB _____

Street Address: _____ City _____ Zip _____

School: _____ Grade: _____

Parent/ Guardian Contact Information

Father's Name: _____ Employer _____

Cell # _____ Work # _____

Military Yes No Start Date _____ Branch _____

Mother's Name: _____ Employer _____

Cell # _____ Work # _____

Military Yes No Start Date _____ Branch _____

Member Lives With:

- Both Parents Mother ONLY Father ONLY Parent & step parent Foster Parent Joint Custody
- Other, specify _____

Other than parent, Emergency Contact Person:

Name _____ Relationship to Member: _____

Phone # _____ Home Cell Work Phone # _____ Home Cell Work

Medical Data does child have any medical problems Asthma Diabetes Seizures Migraines ADHD/ADD

Other _____

Family Doctor Name: _____ Doctor Phone: _____

Is your child taking any medication? No Yes _____

Does your child have any food allergies? No Yes _____

PERSON(S) NOT AUTHORIZED TO CONTACT MEMBER (if applicable):

Name: _____ Description: _____

GREAT FUTURES START HERE.

This information will be kept in strict confidence. This information is important because it makes the Boys & Girls Club eligible to receive various grant funding. It also helps us to identify members who qualify for FREE eye care including eye exam and glasses.

Family Size Check the appropriate box for your family's size:
 Single Individual Family of 4 Family of 7
 Family of 2 Family of 5 Family of 8 or more
 Family of 3 Family of 6 Foster Child

Family Income Check the appropriate box your family's gross income:
 \$ 0 to 29,050 \$ 37,351 to 41,500 \$ 48,151 to 51,500
 \$ 29,051 to 33,200 \$ 41,501 to 44,850 \$ 51,501 to 54,800
 \$ 33,201 to 37,350 \$ 44,851 to 48,150 \$ 54,801 or more

Family Ethnicity Check the appropriate box:
 White, Not Hispanic Black, Not Hispanic Hispanic
 American Indian Native/Alaskan Asian or Pacific Islander Other

Please mark all that apply:

- TANF
- Food Stamps
- SSDI
- SSI
- Veterans Compensation
- Medicaid
- None

Member currently receives:

- Free Lunch
- Reduced Price Lunch
- Neither

Please initial for approval or mark N/A:

_____ I hereby approve of my son's/daughter's application for membership in Boys & Girls Club and give my consent to his/her being given a physical examination or treatment by a physician or hospital in case of accident. I further agree to his/her taking part in the Club's various athletic, educational, cultural and social activities and will not hold the members of the board, staff, leaders or volunteers responsible for injury which may occur while participating in the same.

_____ I further grant the Boys & Girls Club and the news media, in any form, permission to publish/use photographs or videotaped footage of my son/daughter for any purpose relating to the Boys & Girls Club and release the Boys & Girls Club and any news media of responsibility from the use of such photographs or footage.

_____ I agree that if my son or daughter needs to be picked up due to illness, injury or suspension, I will pick up my child or arrange to have him/her picked up within 30 minutes.

_____ I understand that the Club, its employees and agents, shall not be responsible for any losses of personal property.

_____ I have received a Parent Handbook and agree to all rules and requirements of Boys & Girls Club membership.

_____ I hereby give permission for the Boys & Girls Club to have access to my child's/ teens teachers, grades and/or report cards in conjunction with programs related to education.

_____ I hereby grant my consent for my child to participate in surveys or other program evaluation mechanisms instituted by the Boys & Girls Club. I understand all results will be kept strictly confidential.

OPEN DOOR POLICY In keeping with Boys & Girls Club policy across the country our **drop-in program** operates with an open door policy. The decision regarding when the child leaves the Club, and with whom, is strictly between parent and child.

Please enter your address to receive program and registration updates by **E-mail:** _____



Parent or Guardian Signature _____

Date _____

OFFICE USE ONLY:

Membership Fee: \$ _____ *Circle One:* Scholarship Official/Volunteer Military Scholarship

Circle one: Cash/Check/Credit Card: # _____ Expiration Date _____ Receipt # _____ Total Amount \$ _____ Initials _____

Youth Center Fee: YC School _____ YC June _____ YC July _____ YC August _____

Circle one: Cash/Check/Credit Card: # _____ Expiration Date _____ Receipt # _____ Total Amount \$ _____ Initials _____

Circle one: Cash/Check/Credit Card: # _____ Expiration Date _____ Receipt # _____ Total Amount \$ _____ Initials _____

Circle one: Cash/Check/Credit Card: # _____ Expiration Date _____ Receipt # _____ Total Amount \$ _____ Initials _____

Circle one: Cash/Check/Credit Card: # _____ Expiration Date _____ Receipt # _____ Total Amount \$ _____ Initials _____

Data entered into Kidtrax on: ____/____/____ By: _____

Data entered into Kidtrax on: ____/____/____ By: _____

Data entered into Kidtrax on: ____/____/____ By: _____

Data entered into Kidtrax on: ____/____/____ By: _____