

Membership Application 2011-2012



The following information is necessary for our records and the funding our organization receives. Your cooperation in providing this information is appreciated. Thank you.

Club Member Information

Is this a **NEW** membership or a **RENEWAL** (please circle one)

Name: _____ Gender: _____ Date of Birth: ____/____/____
(First) (MI) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ School: _____ Grade: _____ Doctor: _____

Dr. Phone: _____ Insurance Carrier: _____ Policy#: _____ Group#: _____

Current Perscription(s): _____ Medical or Allergy Information: _____

Ethnicity: Multiracial Native American Asian Hispanic African American Caucasian

Donation

I would like to make an additional donation of
 \$ _____ to help support the Boys & Girls
 Clubs of Benton & Franklin Counties.
Thank you!

Photo Permission

I give permission for my child to be photographed
 and for these photographs to be used to market
 the Boys & Girls clubs of Benton & Franklin
 Counties. Yes No

Transportation Permission

I give permission for my child to be transported to/
 from school, field trips and performances on a
 regular and on-going basis by Boys & Girls Clubs
 vehicles or public transportation such as Ben
 Franklin Transit. Yes No

Parent/Guardian Information

Member lives with: Both Parents Mother ONLY Father ONLY Parent & Step Parent Other

in Family _____ # of Brothers _____ # of Sisters _____ # in Household over age 65 _____

Mother /Guardian

Name: _____

Employer: _____

Work#: _____ Cell#: _____

E-mail: _____

Father /Guardian

Name: _____

Employer: _____

Work#: _____ Cell#: _____

E-mail: _____

Emergency Contacts - other than parent /guardian :

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

If you would like to authorize additional people to pick-up your child from the club, please list name(s), relationship and phone# on the back of this form.

Demographic Information

Does this child receive free or reduced lunch at
 school? Yes No

Have parents/guardians ever served in the
 military? Yes No

Total household income (please check one):

<input type="checkbox"/> \$1,000 - \$15,600	<input type="checkbox"/> \$35,101 - \$37,700
<input type="checkbox"/> \$15,601 - \$17,550	<input type="checkbox"/> \$37,701 - \$41,600
<input type="checkbox"/> \$17,551 - \$19,500	<input type="checkbox"/> \$41,601 - \$46,800
<input type="checkbox"/> \$19,501 - \$21,100	<input type="checkbox"/> \$46,801 - \$52,000
<input type="checkbox"/> \$21,101 - \$22,650	<input type="checkbox"/> \$52,001 - \$56,200
<input type="checkbox"/> \$22,651 - \$24,200	<input type="checkbox"/> \$56,201 - \$60,350
<input type="checkbox"/> \$24,201 - \$26,000	<input type="checkbox"/> \$60,351 - \$64,500
<input type="checkbox"/> \$26,001 - \$29,250	<input type="checkbox"/> \$64,501 - \$68,650
<input type="checkbox"/> \$29,251 - \$32,500	<input type="checkbox"/> \$68,651 - \$85,800
<input type="checkbox"/> \$32,501 - \$35,100	<input type="checkbox"/> \$85,801 +

How did you hear about us? _____

On behalf of myself and my child(ren) I hereby consent to abide by all Boys & Girls clubs policies, procedures, rules, standards and directives. I understand the Club to be a private program and private property. I further understand that mature and respectful conduct is a requirement in the club and at all program sites (public and private) by all persons, youth and adult. I accept that the Club reserves the rights to discipline, remove, suspend, terminate and engage legal action with or without notice in order to protect the safety, values and ethics of persons, the club and property.

The undersigned on behalf of themselves and their child(ren) agree to hold the Boys & Girls clubs of Benton & Franklin Counties, its agents, employees, and officials, while acting within the scope of their duties, harmless from all causes of actions, demands and claims, including the cost of their defense, arising in favor of the child participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the child participant in the Boys & Girls Clubs of Benton & Franklin Counties programs. The undersigned consents to his/her child(ren) being given emergency treatment by a physician or hospital in case of an accident or illness.

_____ I have read and accept the policies, terms and conditions stated on the attached pages.

 Parent/Guardian Signature

 Date