

MEMBERSHIP APPLICATION

Boys & Girls Clubs of Abilene

First Name: _____ Middle: _____ Last: _____

Nickname: _____ Gender: M F Ethnicity: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Club Member Since: _____

School Information:

Current Teacher: _____

School: _____ Grade: _____ School Pickup: Yes No

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Treatment by Doctor/Hospital: Yes No Medicaid: Yes No

Does your family have health and/or accident insurance: Yes No

Serious Health Problems: Yes No If Yes, explain: _____

Medications: Yes No If Yes, explain: _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: Mom Step Mom Dad Step Dad Grandparent

Foster parent(s) Other: _____

Housing Development: _____

Do you receive free or reduced priced lunches? Yes No

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: _____

Is there a Member of the Household 65 years old or older: Yes No

Is there a Member of the Household Handicapped: Yes No

Current Head of Household: Female Male Both

Current Single Parent: Yes No

Military: Yes No if yes: Active Reserve Service Branch _____

Disclaimer:

PLEASE CIRCLE ONE:

I give/do not give my child permission to go on special trips as scheduled if they sign up in advance and behave in an appropriate manner.

I give/do not give my child permission to use the B&GC computers to access the Internet.

I understand that the B&GC has an open campus policy allowing youth to come and go during the hours of operation.

I will do everything possible to work with my child and the staff to ensure that they have a fun and learning experience at the Club.

It is agreed that the B&GC assumes no liability for injury or other losses as result of being a member of the B&GC, and I agree to hold harmless the B&GC except those injuries or damages caused by intentional acts or gross negligence. I also understand that the B&GC is not responsible for loss of personal property.

It is further agreed that any photographs taken of the B&GC member may be used for public relations purposes without further permission from me.

I hereby give authority to the employees of the Boys & Girls Club of Abilene, Inc. to have emergency first aid administered to my child.

I understand Special Activities/Field Trips will be offered where I may have to provide funds for my child to participate.

If school pickup is checked yes, I give permission to the Boys & Girls Club of Abilene to pickup my child at school and transport him/her to the Club.

I understand that all membership dues paid to the B&GC are **NONREFUNDABLE**.

I understand that the Boys & Girls Club of Abilene is NOT a licensed day care facility and is not regulated by Family Protective Services.

Parent's or Guardian's Signature: _____ **Date:** _____

Member's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Membership #: _____

Entry Date: _____

Expiration Date: _____

Status: _____

Type: _____

New/Renewal Member: _____

Processed by: _____

MEMBERSHIP APPLICATION - CONTACTS

Boys & Girls Clubs of Abilene, Inc.

Member's Name: _____

PRIMARY CONTACT	
Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: ____ Emergency: ____ Name: _____ DOB: _____ SSN: _____ Occupation: _____ Address H: _____ Employer: _____ Address W: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
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