

# MEMBERSHIP APPLICATION

Please enter the child's information below  
and complete one application per child.



The Cindy Platt  
**BOYS & GIRLS CLUB**  
OF PENNSYLVANIA COUNTY

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  M  F Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**School information:** Current teacher: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Qualify for free or reduced lunch: Y  N

**Medical Information:** Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

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

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

Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Group#: \_\_\_\_\_

Serious Health Problems:  Yes  No If Yes, explain: \_\_\_\_\_

Medications:  Yes  No If Yes, explain: \_\_\_\_\_

Medication Policy: If a child needs to receive medication, the parent/guardian may bring the medicine to the Club and administer it to his/her child. Staff members are **NOT** permitted to administer medication.

**General:** Birth Certificate on file:  Yes  No Birth City: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

Member/Contacts Understood & Signed Insurance Disclaimer and Permission Statement (on p.2):  Yes  No

Member has permission to be used in public relations materials:  Yes  No

Member may participate in all Club activities in or adjacent to the club building:  Yes  No

Club Member since: \_\_\_\_\_

**Physical:** Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## Household: *This information is collected for Grant writing purposes ONLY*

Member lives with:  Mom  Step Mom  Dad  Step Dad  Grandparent  Other: \_\_\_\_\_

Housing Development (if applicable): \_\_\_\_\_ Number in household: \_\_\_\_\_

Annual Income Level:

\$0 - \$5,000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
\$5,001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
\$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+ _____

**Current Head of Household:**  Female  Male **Current Single Parent:**  Yes  No

**Do You Belong to Other Groups:**

\_\_\_ Boy/Girl Scouts      \_\_\_ School Club      \_\_\_ YMCA or YWCA      \_\_\_ Church Group

\_\_\_ Other: \_\_\_\_\_

Reason(s) for joining: \_\_\_ Fun    \_\_\_ Learning    \_\_\_ Sports    \_\_\_ Other: \_\_\_\_\_

**Disclaimer:**

I, \_\_\_\_\_ do hereby give my son/daughter, \_\_\_\_\_ permission to attend and participate in activities sponsored by the Boys & Girls Club of Transylvania County, I hereby release the Boys & Girls Club, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my son/daughter by a qualified licensed physician in the event of an accident. I further understand that the boys & Girls Club of Transylvania County has an "Open Door" policy, which means that my son/daughter may come and go at will. Further, I give permission for my child's picture to be used in any Boys & Girls club publication. The Club has my permission to transport my child to and from activities sponsored by the Club within this county at dates and times approved by the Club. However, I understand that the Club has no control over children who are not present at appropriate times and places for pickup. Furthermore, I understand that, as a member of the Boys & Girls Club of Transylvania County, my child has an obligation to abide by the accepted rules of behavior and to cooperate with the Club staff, leaders, and volunteers. Disruptive and unacceptable behavior will not be tolerated and I understand my son/daughter may be suspended or expelled for such behavior and membership dues will not be refunded. My signature indicates that I completely understand the above statements.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

Date Received: \_\_\_\_\_ Date entered in Member Tracking: \_\_\_\_\_

Staff: \_\_\_\_\_

# MEMBERSHIP APPLICATION – CONTACTS

Child's Name: \_\_\_\_\_

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

# MEMBERSHIP APPLICATION – CONTACTS – Cont'd.

Child's Name: \_\_\_\_\_

<b>PRIMARY CONTACT</b>	
Relationship to Member: _____ Parent/Guardian: _____ Emergency _____ Authorized to pick up Member: _____ Name: _____ DOB: _____ H Address: _____ _____ Occupation: _____ Employer: _____ W Address: _____ _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency _____ Authorized to pick up Member: _____ Name: _____ DOB: _____ H Address: _____ _____ Occupation: _____ Employer: _____ W Address: _____ _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: _____ Emergency _____ Authorized to pick up Member: _____ Name: _____ DOB: _____ H Address: _____ _____ Occupation: _____ Employer: _____ W Address: _____ _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency _____ Authorized to pick up Member: _____ Name: _____ DOB: _____ H Address: _____ _____ Occupation: _____ Employer: _____ W Address: _____ _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____