

PLEASE PRINT

USE BLUE OR BLACK INK ONLY

ALL FIELDS REQUIRED

- Paid
- Voucher (Attach)
- Other (Explain)
- Receipt No.: _____



**BOYS & GIRLS CLUBS
OF THE GULF COAST**

Reviewed By: _____
(Club Employee & Unit Dir.)
Date: _____

THIS BOX TO BE COMPLETED BY CLUB STAFF ONLY:

UNIT NAME: _____ APPLICATION YEAR _____
MEMBERSHIP NUMBER _____

MEMBER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ Alternate Phone Number: (____) _____
Child's Social Security Number: _____ Birth Date: _____
Gender: Male Female New to School: Yes No
Ethnicity: African American Native American Asian/Vietnamese
 Hispanic Multi-Racial Caucasian
English Proficiency: Proficient Not Proficient
LUNCH FEE _____ **ANNUAL INCOME** _____

Grade in School _____ Name of School Child Attends _____

Will you attend the club (CHECK ONLY ONE):

- Year Round (with mandatory Summer Sign-Up and orientation scheduled by the Unit Director)
- Summer Only (with mandatory Summer Sign-Up and orientation scheduled by the Unit Director).
- Holidays Only

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Phone: (____) _____ Ext. _____

Name: _____ Relationship: _____
Phone: (____) _____ Ext. _____

GUARDIAN/PARENT INFORMATION

Guardian/Parent 1	Guardian/Parent 2
Relationship: _____	Relationship: _____
Name: _____	Name: _____
SSN: _____ Date of Birth _____	SSN: _____ Date of Birth _____
Employer: _____	Employer: _____
Work Address: _____	Work Address: _____
Occupation: _____	Occupation: _____
Work Phone: (____) _____	Work Phone: (____) _____

MILITARY FAMILY Circle One **YES NO** If YES, do you live on base (circle one)? **YES NO**

AUTHORIZATION PICKUP INFORMATION

Person(s) Authorized to pick up child(ID required): **PLEASE PRINT**

Persons **NOT** Authorized to Pick up Child (If it is a parent, then we must have court documentation): **PLEASE PRINT**

Signature of Parent or Legal Guardian

Printed Name

Date

HOUSEHOLD INFORMATION

The information contained herein will be kept in **strict confidence** and used solely for the use of accumulating the necessary statistical data requested for our grant reporting **only**

1. Is there a Member of the Household 65 years old or Older? Yes No
2. Is there a Member of the Household Disabled? Yes No
3. Is there a Female **or** Male Head of Household? Female Male

Number of persons in household: _____

Who does the child live with? Mother Father Both Parents Stepmother Stepfather Grandparent
Other_____

MEDIA PERMISSION INFORMATION

I grant the Boys & Girls Clubs of the Gulf Coast, Inc. permission to:

1. Use film/print pictures of my child, resulting from their involvement, for Club promotion. Yes No
2. Take my child on field trips. (I understand I will receive advance notice and a separate permission slip for each trip) Yes No
3. Use my child in video footage shot for Club promotions. Yes No

Signature of Parent or Legal Guardian

Printed Name

Date

MEDICAL INFORMATION

Does your family have health and/or accident insurance: *(Circle one)* Yes NoHealth Problems/Allergies: *(Circle one)* Yes No

If yes, explain (list all medications your child is taking): _____

INTERNET SAFETY

I have read and understand the Internet Usage Policy/ Rules for Online Safety provided with this membership application. In understand my child must go through an internet safety course before accessing the internet at the Boys & Girls Clubs of the Gulf Coast.

Member's Signature: _____

Parent's Signature: _____

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INSURANCE DISCLAIMER

I agree not to hold the Boys & Girls Clubs of the Gulf Coast, Boys & Girls Clubs of America, its sponsors or volunteers, their employees or officers, liable for injuries or accidents in connection with my child's attendance or participation in any activity.

Signature of Parent or Legal Guardian

Printed Name

Date

In the event of illness or injury occurring to my child, I hereby give my consent for medical or dental care deemed necessary by the attending physician or dentist. My child may be examined and any necessary procedures (medical, dental, or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. *I understand that, in the event of a serious illness or injury, every effort will be made to reach me.* I further acknowledge that I am responsible for any medical, dental, ambulance expenses or student transportation home, which might occur as a result of such injury or illness. I understand that any insurance coverage through the Boys & Girls Clubs of the Gulf Coast Member Insurance plan is secondary to my family insurance coverage.

Reviewed and Approved:

Signature of Parent or Legal Guardian

Printed Name

Date

OUTCOMES MEASUREMENT CONSENT

I, _____, give my permission to the Boys & Girls Clubs of the Gulf Coast to survey and interview my child, _____, to find out what his/her behaviors, skills and attitudes are in regards to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connection to community, as well as his/her experiences at the Club. I understand that the purpose of these surveys and interviews is to help find out how well the Club is meeting my child's needs and to identify areas which may call for further attention. I also understand that this information will remain private.

I understand that my child's responses will be automatically grouped together with the responses of other Boys & Girls Clubs members for any public presentation of the findings, and that my child will never be individually linked to his/her responses. In addition, I understand that I can take back my permission at anytime, and that my permission automatically stops at the end of this one-year membership period. I can, upon written request, arrange to discuss the findings with my child's Club Director.

Signature of Parent or Legal Guardian

Printed Name

Date

REPORT CARD INFORMATION

I, _____, give my permission to the Boys & Girls Clubs of the Gulf Coast to copy my child's report card(s). This is to assist my Boys & Girls Clubs in maintaining the low cost of funding the program to my family. I understand my child's information will only be used in statistical information and never used on an individual basis. I understand I can take back my permission at any time, and my permission stops at the end of this membership year. I can, upon request, arrange to discuss the findings with my child's Unit Director.

Signature of Parent or Legal Guardian

Printed Name

Date

MEMBERSHIP INFORMATION FLYER

I have read and understand the Membership Information and have discussed the information with my child. We promise to take care of our Club and its property and to abide by the rules of the Boys & Girls Clubs of the Gulf Coast. If at any time we are asked to return the membership card, we understand no dues will be returned to us.

Member's Signature: _____

Signature of Parent or Legal Guardian

Printed Name

Date

