

**MEMBERSHIP APPLICATION 2021-2022**

**Membership #\_\_\_\_\_\_\_**

**Membership Fees:**

\_\_\_\_\_Grades 4-8: $150 - expires June 2022.

**Renewals and New Members: PLEASE COMPLETE ALL SECTIONS**

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

Gender: Male \_\_\_\_ Female\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide us with your e-mail address so you can get all the latest information

on the Club! Please print clearly

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Information:**

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Entering in Fall 2021: \_\_\_\_\_

Current Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Info:**

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_

Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home #\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_

Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home #\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission for Doctor/Hospital: \_\_\_\_Yes \_\_\_\_No

Does your family have health and/or accident insurance: \_\_\_\_Yes \_\_\_\_No

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

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

Special Needs/Health Issues: \_\_\_\_Yes \_\_\_\_No **if yes, explain** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Please complete back of application \*\***

**Disclaimer:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby give my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to attend and participate in activities sponsored by the Boys & Girls Club of EMW. I hereby release the Boys & Girls Club of EMW, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. **I further understand that the Boys & Girls Club of EMW has an “Open Door” policy, which means that my child may come and go at will.** My signature indicates that I completely understand the above statement.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permissions:** I give my permission to have my child’s pictures used in Boys & Girls Club publications, news articles, marketing materials, etc.: \_\_\_Yes \_\_\_No

**Household Information**:

Member lives with: ☐ Mom ☐ Step Mom ☐ Dad ☐ Step Dad ☐ Grandparent ☐ Foster parent(s) ☐ Other, specify: \_\_\_\_\_\_\_\_\_

Number in Household: \_\_\_\_\_ Household members under 18: \_\_\_\_\_

\_\_\_\_Single Parent Household

**Financial:** We are required to collect this information by our funding sources. All information supplied to the Club will be held in the strictest confidence.

|  |  |
| --- | --- |
| Annual | $0 - $25,000 \_\_\_\_ |
| Gross | $25,001 - $50,000 \_\_\_\_ |
| Household | $50,001 - $75,000 \_\_\_\_ |
| Income: | $75,001 - $100,000 \_\_\_\_ |
|  | $100,000+ \_\_\_\_ |

Do you participate in the free/reduced lunch program at school? \_\_\_\_YES \_\_\_\_NO

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*If so, you may be eligible for a Scholarship/Campership.*

**BOYS & GIRLS CLUB CODE**

* **I WILL** be respectful to staff, equipment, and other members.
* **I WILL** use polite language.
* **I WILL** talk to a staff person if I have a question or problem.
* **I WILL** remember the “Golden Rule” and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of EMW. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WE NEED ADULT VOLUNTEERS - We count on our volunteers to assist us with the planning and implementation of our special events which change on a monthly basis. You can volunteer through the following:

         **One–time** – for special events or seasonal programs

         **Tutoring** – after school any day(s)

         **Businesses** can come as a group to give back to the community one time or on a regular basis

         **Parents** of Club Members to become involved

         **Clerical support** to administrative staff

PLEASE CONTACT Tracey Karp-Theal for more information.