

**MEMBERSHIP APPLICATION 2022-2023**

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

**Membership Fees:**

\_\_\_\_\_Grades 4-8: $175 - expires June 2023.

**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 2022: \_\_\_\_\_

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

The Boys & Girls Club is fortunate to receive various donations throughout the year, please check this box if your family would be interested in **receiving** these donations. (Backpacks, food, toys, tickets, etc.)

At the Boys & Girls Club of Elma, Marilla and Wales, Child Safety is always our number one priority.

Ensuring child safety is fundamental to the mission of our organization. Please review our safety policy on our website at www.bgcemw.org

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

*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_