



# MEMBERSHIP APPLICATION

## Boys & Girls Clubs of Northeastern Pennsylvania

Unit Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Nickname: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F Ethnicity: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Age: \_\_\_\_\_

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

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

### School Information:

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Free or Reduced Lunch: \_\_\_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

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

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

Serious Health Problems: \_\_\_Yes \_\_\_No If Yes, explain: \_\_\_\_\_

Medications: \_\_\_Yes \_\_\_No If Yes, explain: \_\_\_\_\_

Shots are up to date: \_\_\_Yes \_\_\_No

### General:

Member has permission to be used in public relations materials: \_\_\_Yes \_\_\_No

Member may participate in all Club activities on or off site: \_\_\_Yes \_\_\_No

### Household:

*NOTE: This information is collected for Grant writing purposes ONLY*

Member lives with: \_\_\_Mom \_\_\_Step Mom \_\_\_Dad \_\_\_Step Dad \_\_\_Grandparent \_\_\_Other: \_\_\_\_\_

Housing Development: \_\_\_\_\_

Annual Income Level: \_\_\_\$0 - \$30,000 \_\_\_\$30,001 - \$60,000 \_\_\_\$60,001 - \$90,000+

Number in Household: \_\_\_\_\_ Number in Household under 18 years of age: \_\_\_\_\_

Current Head of Household: \_\_\_Female \_\_\_Male \_\_\_Both

Current Single Parent: \_\_\_Yes \_\_\_No

\*By signing below, I certify that I/my family meets the eligibility requirements as established by the Federal Office of Management and Budget (family income does not exceed 150% of the official poverty level). \*See Attached

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Physical:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shirt size: \_\_\_\_\_

**Disclaimer:**

I give this member permission to attend and participate in activities sponsored by the Boys & Girls Clubs of Northeastern Pennsylvania. I hereby release the Club, it's employees, associates, and contributors from liability from any injury, loss or the incurred by this member while participating. Furthermore, I hereby authorize medical examination and emergency treatment for this member by a qualified licensed physician in the event of an accident. I further understand that the Club has an "Open Door" policy, which means that this member may come and go at will. Further, I give permission for this member's picture to be used in any Club publication. The Club is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold the Club responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for the Club legal fees.

**My signature indicates that I completely understand the above statement.**

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

Member's Signature: \_\_\_\_\_

## Emergency Contact/Pickup Authorization

Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____	Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____	Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

**My signature indicates that I have received a copy of the Club's Membership Handbook and I will review it with my child/children.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_