

**Boys & Girls Club of Mercer County
Membership Application**



First Name _____ Last Name _____ DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work/Cell Phone _____

Social Security Number _____ Email: _____

New or Renewing Member? New Renewing If renewing, Member since _____

Personal: <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____		
Current School _____ Grade _____		
Ethnicity: _____		Birth certificate on file? Yes No
Height _____	Weight _____	Eye Color _____ Hair color _____
Reason for Joining: <input type="checkbox"/> Fun <input type="checkbox"/> Learning <input type="checkbox"/> Sports <input type="checkbox"/> Other Program _____		
<input type="checkbox"/> Parent's idea	<input type="checkbox"/> Friends already member	<input type="checkbox"/> Other: _____
What other clubs/activities do you belong/do to?		
<input type="checkbox"/> Boy/Girl Scouts	<input type="checkbox"/> YMCA/YWCA	<input type="checkbox"/> Church _____
Please list other groups or activities:		
Family: How long have you lived our service area? _____		
Who do you live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____		
Number of people living in your house _____	# of Brothers _____	# of Sisters _____

Family Income Level (This information is used for our national report and for grants)

- | | | |
|----------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 0 - \$5,000 | <input type="checkbox"/> \$5,001 - \$10,000 | <input type="checkbox"/> \$10,001 - \$15,000 |
| <input type="checkbox"/> \$15,001 - \$20,000 | <input type="checkbox"/> \$20,001 - \$25,000 | <input type="checkbox"/> \$25,001 - \$30,000 |
| <input type="checkbox"/> \$30,000 - \$35,000 | <input type="checkbox"/> \$35,001 - \$40,000 | <input type="checkbox"/> \$40,001 - \$45,000 |
| <input type="checkbox"/> \$45,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$55,000 | <input type="checkbox"/> \$55,001 - \$60,000 |
| <input type="checkbox"/> \$60,001 - \$65,000 | <input type="checkbox"/> \$65,001 - \$70,000 | <input type="checkbox"/> \$70,001 - \$75,000 |
| <input type="checkbox"/> \$75,001 - \$80,000 | <input type="checkbox"/> \$80,001 - \$85,000 | <input type="checkbox"/> \$85,001 and above |

Medical: Doctors Name: _____ Phone: _____

Does your family have health care insurance? Yes No

If yes, provider _____ Policy Number _____

Does your child have any health issues we should be aware of (allergies, medications, etc.)

If your child is currently taking medications please list them:

In the case of an emergency I hereby give permission for the hospital/doctor to provide care/treatment for my child until I can reach the hospital.

Signature _____ Date _____

Shots:	Hepatitis	MMR	HIB	Polio	DTP	Chicken Pox
1 st Shot	_____	_____	_____	_____	_____	_____
2 nd Shot	_____	_____	_____	_____	_____	_____
3 rd Shot	_____	_____	_____	_____	_____	_____
4 th Shot	_____	_____	_____	_____	_____	_____
5 th Shot	_____	_____	_____	_____	_____	_____

General Permissions:

- I give permission for my child's image/name to be used in the Club's, U.S. Soccer Foundation & 21st Century public relations materials.
- I give permission for my child to participate in all Boys & Girls Club activities in or adjacent to the club, and all field trips as identified in program brochures, newsletter and parent communications. If I don't want my child to go on a trip or participate in a specific program, I must communicate this to program director in writing.
- If my child requires emergency medical care and I cannot be reached, I give consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.
- I give permission for the school to release information about my child to the Club, U.S. Soccer Foundation or 21st Century.
- That I understand the Club's discipline policy and understand I am responsible for my child's actions while involved in Club activities. I also understand that if my child breaks Club policy my child may be expelled/suspended from the program/Club without reimbursement of fees paid.
- I/we, legal parent/guardian(s) of above named participant, agree to the following: 1) Give permission to the Boys & Girls Club of Mercer County and the U.S. Soccer Foundation to collect and record data, including Body Mass Index (BMI) weight and height and waist/neck circumference, about my child with the understanding that all information obtained will remain private, and that any responses publicly reported will be grouped together with other participants of this program and that my child will not be individually linked to his/her response. Only the staff approved by the U.S. Soccer Foundation will be able to view his/her responses. 2) Authorize release of data and information collected by my child's current or former school(s) to verify information and utilize information for group reporting with an understanding that only staff approved by the U.S. Soccer Foundation and Boys & Girls Club of Mercer County will have access to the information. I hereby certify that the statements in this application are correct and true.
- I understand that there are inherent risks associated with participating in Boys & Girls Club activities and I do not hold the Club, directors or staff responsible for injuries, resulting from Club participation. My signature below indicates my acceptance of the policies above.

Signature _____ Print Name _____ Date _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Parent/Guardian # 2

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Work Phone

Work Phone

Other Phone

Other Phone

E-mail

E-mail

Street Address

Street Address

City State Zip

City State Zip

RELEASE OF CHILD

The Following people **are allowed** to pick-up my child _____

The Following people **are not allowed** to pick-up my child _____

EMERGENCY CONTACTS

Please identify two persons who may be called between 3:00pm and 6:00pm if you are not available.

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Work Phone

Work Phone

Other Phone

Other Phone

Street Address

Street Address

City State Zip

City State Zip