



___ New Member ___ Current Member ___
Office Use Only NYOI/Vision #

Office Use Only
Membership: # _____
Date Enrolled: _____
Orientation: _____
Walk: Y / N Birth Cert: _____
H.S. Community Service: _____
Court Community Service: _____

2023 Member Application

(January 1 to December 31)

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Parents Cell Phone: _____

Birth Date: _____ Age: _____ Gender (circle one): Male Female

Ethnicity (Mark ALL that apply): African American ___ Asian ___ Caucasian ___ Hispanic/Latino ___
Native Hawaiian/Pacific Islander ___ Other ___

Current School: _____ Current Grade: _____

National School Lunch Program – Please check your child’s most current school lunch eligibility status below

___ Free Lunch Program ___ Reduced Fee Lunch Program ___ Does Not Qualify (Full Fee)

Current Head of Household: Female Male Both Current Single Parent: YES NO

Current Number in Household: ___ How Many Children are Under 18 years of age: ___ Number of Siblings at the Club ___

Child lives with: Both Parents Mother Father Grandparent Guardian

Parent Guardian: _____ Relationship to Member: _____

Home Address: _____ (If different than member) Home/Cell Phone: _____

Employer: _____ Work Phone: _____

Work Address: _____ *Email Address: _____

*Help us cut the cost of printing by providing your email address, (for the latest news and Club events).

Parent Guardian: _____ Relationship to Member: _____

Home Address: _____ (If different than member) Home/Cell Phone: _____

Emergency Contact *other than parent/guardian* (preferably someone living in close proximity):

Name: _____ Relationship to child: _____

Home #: _____ Cell #: _____ Work #: _____

Same household as member

OR

Name: _____ Relationship to child: _____

Home #: _____ Cell #: _____ Work #: _____

Same household as member

-----Flip to back side to complete registration form-----

Medical Information: Does your family have health and / or accident insurance: YES NO

Doctor Name: _____ Doctor Phone: _____

Insurance Carrier: _____ Policy #: _____ Group #: _____

Please list any health concerns, disabilities, or allergies: _____

Medication is the responsibility of the parent/s and family physician. Parents are urged, with the advice of your child's physician to work out a schedule of administering medication at home, outside of Club hours. Club staff is non-medical personnel. First-aid and CPR certification does not qualify Club staff to administer medicine. The Club is willing to safeguard inhalers for asthmatics, but takes no responsibility for administering dosages, or for replacement cost if lost or stolen.

I give my consent for my child to appear in photographs, newspaper, club website, articles, brochures, public related materials, etc. related to their participation in the Boys & Girls Club events: YES NO

The Boys & Girls Club has permission to use my child's picture and first name in public relations materials: YES NO

May member take walking trips within one mile (1) radius of the Club when with Staff: YES NO

The following information is requested to support our non-profit grant writing/fund development efforts.

All information is optional and will remain strictly confidential.

This DOES NOT qualify you for a scholarship, additional paperwork must be filed.

Annual	\$0-\$5,000 _____	\$30,001-\$35,000 _____	\$60,001-\$65,000 _____
Gross	\$5,001-\$10,000 _____	\$35,001-\$40,000 _____	\$65,001-\$70,000 _____
Household	\$10,001-\$15,000 _____	\$40,001-\$45,000 _____	\$70,001-\$75,000 _____
Income:	\$15,001-\$20,000 _____	\$45,001-\$50,000 _____	\$75,001-\$80,000 _____
	\$20,001-\$25,000 _____	\$50,001-\$55,000 _____	\$80,001-\$85,000 _____
	\$25,001-\$30,000 _____	\$55,001-\$60,000 _____	\$85,001-\$90,000+ _____

THE BOYS & GIRLS CLUB OF STANTON DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, RELIGION, GENDER, OR CREED. ALL INFORMATION IS REQUESTED FOR REPORTING PURPOSES ONLY.

PLEASE READ CAREFULLY

Disclaimer: I have received and read the complete application and Parent/Member Orientation Guide. I understand the rules of the Boys & Girls Club of Stanton and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter. By signing below I agree to release the Boys & Girls Club of Stanton, its staff and Board of Directors, from any liability resulting from any accident or incident involving my child on Club premises or while engaged in any Club-sponsored activity away from Club premises. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for the Boys & Girls Club of Stanton legal fees. I understand that the Boys & Girls Club of Stanton operates under an OPEN DOOR POLICY. **I will be responsible for making sure that my child understands that he or she is not to leave the premises unless it is with either myself or another individual that I designate. I further understand that I am to inform the Club if my child is permitted to walk home. I acknowledge that my child's membership is probationary for 90 days and may be revoked/canceled for cause by management at any time.**

Parent Signature: _____ Print Name: _____

Child Signature: _____ Date: _____ Staff Initials: _____

