MEMBERSHIP REGISTRATION FORM

CHILD'S NAME:_____
ADDRESS:_____
CITY: _____ZIP: _____PHONE:_____
BIRTHDATE:_____ AGE:____ SEX:____GRADE: ____
SCHOOL:_____

MOTHER (FEMALE GUARDIAN):_____
HOME ADDRESS:_____
HOME PHONE:_____
EMPLOYER:_____
OCCUPATION: _____
WORK PHONE:_____
CELL PHONE:_____
EMAIL ADDRESS: _____

FATHER (MALE GUARDIAN):_____
HOME ADDRESS:_____
HOME PHONE:_____
EMPLOYER:_____
OCCUPATION:_____
WORK PHONE:_____
CELL PHONE:_____
EMAIL ADDRESS: _____

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SIGNATURE REQUIRED ON REVERSE SIDE

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VOLUNTARY INFORMATION

We would appreciate your filling out the following information as it helps us in our applications for United Way funds and state and federal government grant money for our programs. Thank you.

1. ANNUAL HOUSEHOLD INCOME: (Please check one.)
_____under $10,000 ____$10,001-$20,000 _____$20,001-$30,000
_____$30,000-$50,000 ____$50,001-$70,000 _____$over $70,000

2. CHILD LIVES WITH: _____Mother _____Father _____Both
_____Other-Whom_____

3. MARITAL STATUS OF PARENT/GUARDIAN: ___Single ___Married
_____Divorced _____Widowed _____Other

4. RACIAL/ETHNIC IDENTITY: *(Optional)*
_____White - not of Hispanic origin ____Black - not of Hispanic origin
_____Hispanic ____Brazilian
_____Portuguese ____Asian or Pacific Islander
_____American Indian/ Alaskan Native ____Other

IN CASE OF EMERGENCY:
If parent/guardian cannot be reached:

Name:_____ Relationship:_____

Address:_____ Telephone:_____

Name:_____ Relationship:_____

Address:_____ Telephone:_____

Name:_____ Relationship:_____

Address:_____ Telephone:_____

List any medical, physical, or emotional conditions that we should be aware of to better serve your child: (allergies, medication, etc.)

_____

AUTHORIZATION AND CONSENT FORM

1. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the qualified staff at the Boys & Girls Clubs to transport my child to the nearest hospital.

Child's Doctor & Insurance:_____
Phone number & address:_____
_____

2. I authorize Boys & Girls Clubs' staff/volunteers who are trained in the basics of first aid to treat my child when appropriate.
3. I give permission for my child to participate in field trips by means of bus/van. I understand that I will be notified in advance of any trips.
4. **Yes / No (circle one)** - I give consent to have my child photographed/ video taped for public relations purposes.

PARENT/GUARDIAN
SIGNATURE: _____
DATE: _____

Membership Fee: $_____
Additional Donation: $_____ Used to support Club programs

For Office Use Only:
Program:_____
Date entered in database:_____
Database ID #_____
Membership # _____