

# MEMBERSHIP REGISTRATION FORM

TYPE OF MEMBERSHIP (CHECK ONE):  NEW MEMBERSHIP  RENEW MEMBERSHIP

1st CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Transportation Needed 1st child: YES NO

2nd CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Transportation Needed 2nd child: YES NO

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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1. DOES YOUR CHILD RECEIVE FREE/REDUCED LUNCH AT SCHOOL?  YES  NO

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/  Other  
Alaskan Native

5. ANNUAL HOUSEHOLD INCOME: (Optional)  
 under \$10,000  \$10,001-\$20,000  \$20,001-\$30,000  
 \$30,000-\$50,000  \$50,001-\$70,000  \$over \$70,000

## 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: \_\_\_\_\_

\_\_\_\_\_

- I authorize Boys & Girls Clubs' staff/volunteers who are trained in the basics of first aid to treat my child when appropriate.
- I understand the Club is not, nor claims to be, a licensed day care center. (Unless your child is registered in the licensed SACC Program).
- 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.

**Yes / No (circle one) - I give consent to have my child photographed or video taped for public relations purposes.**

PARENT/GUARDIAN

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_