



# BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN

## Membership Application

Please print or type

**Office Use Only:**

Club ID Number: \_\_\_\_\_

KidTrax ID Number: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Youth's First Name:  Middle Name:  Last Name:

Emergency Contact (Name and Relation to Youth):  Emergency Phone & Extension:

Birth Date (M/D/4-digit Yr):  Age:

Gender:  Male  Female

Membership Status (Check One)

- New Member
- Renewed Member
- Former Member
- Non-Member

Ethnicity: (i.e., African American, Caucasian, Multiracial, Hispanic, etc.)

Home Street Address:  City:

State:  Zip Code:  Home Phone Number:  Name of Person Member Lives With:

Email Address:  Parent Cell Phone Number:

School Name:  Current Grade:

Father or Guardian's First Name:  Father or Guardian's Last Name:  Father or Guardian Occupation:

Father or Guardian Employer:  Father or Guardian Work Phone & Extension:

Mother or Guardian's First Name:  Mother or Guardian's Last Name:  Mother or Guardian Maiden Name:

Mother or Guardian's Employer:  Mother or Guardian's Occupation:  Mother or Guardian Work Phone & Extension:

Name(s) of Parent or Guardian with Military Service History (if applicable):

Service Branch (if applicable)

Military Affiliation (if applicable): Active, Reserve, Guard, Veteran

Member Lives With: (Circle all that applies)

Both Parents	Mother	Father	Aunt/Uncle	Sister/Brother	Grandparent	Guardian(s)	Other _____
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Number of Sisters and Step-Sisters:

Number of Brothers and Step-Brothers:

Household Size:

Medical Problems/Allergies (Please Print)

List All Medications Your Child is Taking:

Physician:

Physician's Phone:

Do You Have Insurance?

 Yes  No

Insurance Company:

Policy Number:

Has your child been a Member of the Boys & Girls Clubs previously?

 Yes  No

Number of Years:

Which Club:

List Your Child's Hobbies:

  
  

Is Your Child a Member in Other Youth Programs?

 Yes  No

Name of Other Programs

  

Does Your Child Know How To Swim? (Circle One) **Yes** **No**

The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Family Income: (Circle One)

\$25,000 or below    \$26,000 - \$35,000    \$36,000 or above

Medicaid Number:

Household Type: (Circle One)

1 Parent Family    2 Parent Family    Other

Does this child receive free or reduced-price lunch at school?

 Yes  No

Does this child have a parent/guardian currently active in the U.S. Reserve, National Guard or Military?

 Yes  No    If Yes, what branch? 

**PARENTS/GUARDIANS PERMISSION STATEMENT:**

I give my consent for my youngster to join Boys & Girls Clubs of Southeastern Michigan. I understand that as a member my child will be held responsible for the proper care and use of all Club property and equipment.

I also understand that no other person will be allowed to use my child's membership tag and that in the event a member violates Club rules and is suspended from membership, the membership tag is returned and the member will not receive a refund of membership dues. Furthermore, I realize that membership dues are not refundable under any circumstances.

I want my child to enjoy all the normal growth experiences offered at the Club. I fully understand that after reasonable precautions have been taken, activities such as swimming, camping, crafts, games, athletics, etc.; include hazards for which Boys & Girls Clubs of Southeastern Michigan cannot be held responsible. In case of apparent serious illness or injury, I want my child to be sent to a reliable hospital and ask that skilled medical aid is called at once for which I expect to pay the normal charge. I want to be notified of such illness as promptly as possible. In an emergency, I ask that staff members treat my child as if he/she were their own.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Club Member's Signature

Today's Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_