



BOYS & GIRLS CLUBS
OF THE COLUMBIA BASIN

2011-2012 Membership Form

Requirements: Ages 5-18 (Kindergarten - Senior & member must be attending school)

Membership Fee: \$10.00 per child per program year of Sept.1, 2011-Aug. 31, 2012

Youth's Name _____ Date of Birth _____

Physical Address _____
Street City State Zip

Home Phone _____ Male Female

Teacher's Name _____ Free/Reduced lunch? YES NO

School _____ Age _____ Grade Level _____

Household Information

After printing please check the following columns.

Ethnicity:

- Caucasian
- Hispanic
- Native American
- African American
- Asian
- Multi-Racial
- Other _____

Annual Household Income:

- \$0-\$9,999
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$49,999
- \$50,000+

Child lives with:

- Both Parents
- Mother
- Father
- Guardian
- Other _____

Is either of the parents/guardians a member of the military?
(Air Force, Army, Marines, Navy, Reservists, National Guard or Coast Guard) YES NO

Number in household: _____ Is this a single parent household: YES NO

Guardian 1: _____		
Full Name	Relationship to Child	
Employment	Work Phone	Cell Phone

Guardian 2: _____		
Full Name	Relationship to Child	
Employment	Work Phone	Cell Phone

PLEASE TURN OVER TO COMPLETE FORM

Membership forms will not be accepted without an emergency contact.

Emergency: _____		
_____	_____	_____
Full Name		Relationship to Child
_____	_____	_____
Employment	Work Phone	Cell Phone

Guardian Consent:

I/We, the parent/guardian of the applicant, hereby approve and consent this application for membership in Boys & Girls Clubs of the Columbia Basin. I/We hereby consent to his/her being given a physical examination, emergency treatment by a physician or hospital in case of an accident do to his/her taking part in various athletic, cultural and social activities of the BGCCB. I/We agree to hold harmless BGCCB, members of their board, staff, authorized volunteers and instructors for accidental injury to the applicant or damage to the applicant's property. I/We understand that BGCCB does not cover the applicant with any primary medical insurance coverage and that the parent/guardian is financially responsible for any treatment provided. I/We also give consent to BGCCB to take photos of our child to use in BGCCB publications, newspaper articles, social media net working (i.e. Facebook, e-newsletter) and other club materials.

- I understand that my child must follow the rules and regulations or they can be suspended or expelled from the BGCCB.
- I understand that the BGCCB has an open door policy and it is up to the parent/guardian to discuss with the child when they can leave the Club property.
- I understand that if my child is out of school due to illness or suspension, they are also out of the club, until they return to school.
- If my child is left 15 minutes beyond closing, a staff will make attempts to contact the parent/guardian, if no answer the emergency contacts will be called. If unable to contact parent/guardian or emergency contacts, the police will be notified to help make contact, or transport children home.
- I hereby understand the Club is not responsible for loss of personal property.
- I understand that photos of my child may be used by the BGCCB unless I specify that I do not want that to happen.

I/We the parent/guardian agree we have read and agree to the terms and conditions stated in this application for membership. I/We also agree that the information provided is accurate as to our best knowledge.

Guardian's Full Printed Name: _____

Guardian's Signature: _____ **Date** _____

List any known medical conditions, disabilities or allergies of member. We serve a free snack in the afternoon so please list severe food allergies

Is member taking medication for any conditions? No Yes

If yes, please list medication _____

IF YOU WOULD LIKE TO RECEIVE THE E-NEWLETTER, EVENT REMINDERS AND OTHER CLUB INFORMATION BY WAY OF EMAIL PLEASE PROVIDE YOUR EMAIL ADDRESS:

_____ @ _____

OFFICE USE/NOTES:

STAFF SIGNATURE _____ E.B. CASH CHECK Amount\$ _____
Check # _____