



BOYS & GIRLS CLUBS
OF THE COLUMBIA BASIN



2016-2017 North Membership

Members Last Name _____

Today's Date _____

Name _____

Birth date ____/____/____

School _____

Teacher _____

Age _____ **Grade:** _____

Gender: ____ Male ____ Female

Name _____

Birth date ____/____/____

School _____

Teacher _____

Age _____ **Grade:** _____

Gender: ____ Male ____ Female

Name _____

Birth date ____/____/____

School _____

Teacher _____

Age _____ **Grade:** _____

Gender: ____ Male ____ Female

Name _____

Birth date ____/____/____

School _____

Teacher _____

Age _____ **Grade:** _____

Gender: ____ Male ____ Female

Guardian 1: _____

Full Name Relationship to Child

Employment **Home Phone** **Cell/Work Phone**

Guardian 2: _____

Full Name Relationship to Child

Employment **Home Phone** **Cell/Work Phone**

Home Address: _____

Street/Apt. City Zip

Number in Household _____

Household Information: Please check answers in each column that apply

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

Household:

- Single Parent Household
- Parent/Guardian is in military
- Free/Reduced School Lunch

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, and social media net working (i.e. Facebook, e-newsletter) and other club materials.

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 members. We serve a free snack in the afternoon so please list severe food allergies

Is any member taking medication for any conditions? _____ No _____ Yes

If yes, please list member & medication _____

Registration Fee-\$20 per child. The registration fee includes the activity fee for the month of registration. The monthly activity fee will be due on the 5th of every month beginning the month after you register your child/children. The monthly activity is \$10 regardless of the numbers of days member attends.

OFFICE USE: \$20 X _____ = \$_____ Cash Check Other

_____RSF (attach to membership form and turn in to Michele)