



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 5<sup>th</sup> 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)