



BOYS & GIRLS CLUBS
OF THE COLUMBIA BASIN

2017-2018 Larson 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 _____