



BOYS & GIRLS CLUBS
OF THE COLUMBIA BASIN

2017-2018 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

- | | | | |
|--|---|--|--|
| <p>Ethnicity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other | <p>Annual Household Income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$49,999 <input type="checkbox"/> \$50,000+ | <p>Child lives with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other | <p>Household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Parent/Guardian is in military <input type="checkbox"/> 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, WSU 4-H, 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 & WSU 4-H 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 _____



WSU 4-H Mentoring Consent: The 4-H program offers fun, hands-on learning Tuesdays at North BGC from 5-6pm. Activities are led by 4-H mentors and include science experiments, arts & crafts, food nutrition, public speaking, leadership, games, and more! **YES, my child can participate in 4-H Mentoring** **NO, my child cannot to participate.**

I/We understand that my child may be asked to participate in written surveys or to provide verbal feedback about what he/she has learned by participating in the 4-H Mentoring Program. Surveys take less than 20 minutes and are not required to participate in 4-H. **YES, my child can participate in evaluation** **NO, my child may not participate in evaluation.**