



**BOYS & GIRLS CLUB**  
of Southwestern Oregon

SCH \_\_\_\_\_  
LMI \_\_\_\_\_  
Memb Yr \_\_\_\_\_

# Membership Application

**Membership Data**     Returning Member     New Member

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade (Fall 2022): \_\_\_\_\_

**Activity** (Check all that apply):     Youth Center     Sports     Gymnastics     Dance     Volunteer     Official

### Parent/Guardian Contact Information (Lives with child)

Name : \_\_\_\_\_ Relationship to member): \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_

**Military**     No     Yes    Start Date \_\_\_\_\_ Branch \_\_\_\_\_ Status \_\_\_\_\_  
(active, retired, reserve)

Name : \_\_\_\_\_ Relationship to member): \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_

**Military**     No     Yes    Start Date \_\_\_\_\_ Branch \_\_\_\_\_ Status \_\_\_\_\_  
(active, retired, reserve)

**Member Lives With:**     Both Parents     Mother ONLY     Father ONLY     Parent & step parent     Foster Parent     Joint Custody     Other, specify \_\_\_\_\_

### Emergency Contact (other than parent/guardian):

Name \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Phone # \_\_\_\_\_  Home     Cell     Work    Phone # \_\_\_\_\_  Home     Cell     Work

Name \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Phone # \_\_\_\_\_  Home     Cell     Work    Phone # \_\_\_\_\_  Home     Cell     Work

**Medical Data**    Does child have any special needs?     Asthma     Diabetes     Seizures     Migraines     ADHD/ADD

Other Needs \_\_\_\_\_

Does your child have any food allergies?     No     Yes \_\_\_\_\_

Is your child a vegetarian/vegan?     No     Yes \_\_\_\_\_

Please list all medication s your child is taking and any medical problems/allergies (please print)

\_\_\_\_\_

# GREAT FUTURES START HERE.

This information will be kept in strict confidence. This information is important because it makes the Boys & Girls Club eligible to receive various grant funding. It also helps us to identify members who qualify for FREE eye care including eye exam and glasses.

**Family Size** Check the appropriate box for your family's size:  
 Single Individual       Family of 4       Family of 7  
 Family of 2       Family of 5       Family of 8  
 Family of 3       Family of 6       Family of 9 or more

**Family Income** Check the appropriate box your family's gross income:  
 \$ 0 to 29,920       \$ 38,401 to 42,640       \$ 49,521 to 52,880  
 \$ 29,921 to 34,160       \$ 42,641 to 46,080       \$ 52,881 to 56,320  
 \$ 34,160 to 38,400       \$ 46,081 to 49,520       \$ 56,321 or more

**Child's Ethnicity** Check the appropriate box:  
 White       Black / African American       Asian  
 American Indian / Alaskan Native       Hispanic / Latino       Other Race  
 Two or More Races       Native Hawaiian / Pacific Islander

Please initial for approval or mark N/A:

- \_\_\_\_\_ I have read the completed application; understand the rules of the Boys & Girls Club of Southwestern Oregon (BGCSWO) and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and we understand that my child's members status is based upon his/ her ability to obey the rules of the BGCSWO and behavior toward the staff members and volunteers. Memberships may be suspended or terminated at any time for misbehavior without a refund.
- \_\_\_\_\_ I agree that BGCSWO will not be responsible for any accident to my son/daughter while on the premises or while engaged in any Club activities away from BGCSWO. I also give my consent to allow my child to be treated by a physician or hospital in the event of an emergency, and to his/her being transported to and from the necessary destination. I will not hold the members of the Board, Staff, Volunteers or Sponsors responsible for any injury that may occur while participating in any BGCSWO activities or programs.
- \_\_\_\_\_ I further grant the Boys & Girls Club and the news media, in any form, permission to publish/use photographs or videotaped footage of my son/daughter for any purpose relating to the Boys & Girls Club and release the Boys & Girls Club and any news media of responsibility from the use of such photographs or footage.
- \_\_\_\_\_ I agree that if my son/daughter needs to be picked up due to illness, injury or suspension, I will pick up my child or arrange to have him/her picked up within 30 minutes. Plus, I understand that my child must be picked up before the Club closes, and that the BGCSWO is not responsible for supervising members after closure times. A late fee will be enforced if a child is not picked up before closing time.
- \_\_\_\_\_ I understand that the Club, its employees and agents, shall not be responsible for any losses of personal property.
- \_\_\_\_\_ I hereby give permission for the Boys & Girls Club to have access to my child's/ teens teachers, grades and/or report cards in conjunction with programs related to education. I may revoke this authorization at any time by notifying the BGCSWO in writing, how ever it will not affect any actions taken before the revocation was received or actions taken based on previously shared info.
- \_\_\_\_\_ I hereby grant my consent for my child to participate in surveys or other program evaluation mechanisms instituted by the BGCSWO. I understand all results will be kept strictly confidential.
- \_\_\_\_\_ I have received a Parent Handbook and agree to all rules and requirements of Boys & Girls Club membership.

**OPEN DOOR POLICY** In keeping with Boys & Girls Club policy across the country our drop-in program operates with an open door policy. The decision regarding when the child leaves the Club, and with whom, is strictly between parent and child.



Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:**

**Membership Fee:** \$ \_\_\_\_\_ *Circle One:* Scholarship    Official/Volunteer    Military Scholarship

Circle one: Cash/Check/Credit Card: # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Receipt # \_\_\_\_\_ Total Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

Comments: \_\_\_\_\_

Data entered into Kidtrax: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Moneytrax updated on: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_