



MEMBERSHIP APPLICATION

Child's Full Legal Name: _____

Child's Date of Birth (mm/dd/yy): _____ / _____ / _____ Child's Age: _____

Child's Place of Residence: _____

Child's Home Phone Number:(_____)_____

Ethnicity: Black, Non-Hispanic White, Non-Hispanic Asian Hispanic/Latino
 Other-Specify: _____

Child Lives with (check one): Father& Mother Father Mother Foster Family
 Grandparent Other: _____

Name of Person(s) Child Lives With: _____

Will Attend (check one): Year-round After School Only Summer/Holidays Only

HOUSEHOLD INFORMATION:

Father's Name: _____

Mother's Name: _____

Current Head of Household: Female Male

Current Single Parent: Yes No

Is there a member of the household 65 years old or older? Yes No

Is there a member of the household that is handicapped? Yes No

Number of Brothers _____ Ages: _____

Number of Sisters _____ Ages: _____

SCHOOL INFORMATION:

School's Name: _____ Child's Grade: _____

Teacher's Name: _____ Free/ Reduced Lunch Yes No

MEDICAL INFORMATION:

Physician Name _____ Physician Phone _____

Name of Insurance Provider _____

Policy# _____ Group # _____

Name of Insured _____

Continued _____➔

Serious Health Concerns _____ Yes _____ No If yes, please explain (use separate sheet if necessary):

Current Medications _____ Yes _____ No If yes, please list name and dosage amount (use separate sheet if necessary):

CONTACT INFORMATION:

| | |
|---|---|
| Parent/Guardian____ Authorized to pick up child____ Name: _____ Employer: _____ Occupation: _____ Home Address: _____ Date of Birth: _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ | Parent/Guardian____ Authorized to pick up child____ Name: _____ Employer: _____ Occupation: _____ Home Address: _____ Date of Birth: _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ |
| Parent/Guardian____ Authorized to pick up child____ Name: _____ Employer: _____ Occupation: _____ Home Address: _____ Date of Birth: _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ | Parent/Guardian____ Authorized to pick up child____ Name: _____ Employer: _____ Occupation: _____ Home Address: _____ Date of Birth: _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ |

To authorize more than four people to pick up your child, please ask for an additional Contact Form.

DISCLAIMER:

I do hereby give my son/daughter permission to attend and participate in activities sponsored by the Boys & Girls Clubs of Northwest Georgia. I hereby release the Boys & Girls Clubs of Northwest Georgia, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment by a qualified licensed physician in the event of an accident or illness. I also give permission for my child's picture to be used in any Boys & Girls Clubs publication. My signature indicates that I completely understand the above statement.

Printed Legal Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY: Membership #: _____ Entry Date: _____ Expiration Date: _____

Processed By: _____ Unit: _____ Other: _____