

Membership Application



**BOYS & GIRLS CLUB
OF THE OZARKS**

Office Use Only:	
Membership Fee Paid:	_____
Bus Fee Paid:	_____
Enrollment Date:	_____
Form Version:	07/22/2008

Member's First Name		Member's Middle Name		Member's Last Name	
_____		_____		_____	
Member's Home Address			Member's Home Phone		
_____			_____		
City	State	Zip	Parent/Guardian Email Address		
_____	_____	_____	_____		
Emergency Contact (CANNOT be Parent/Guardian)		Emergency Phone #		Relationship to Member	
_____		_____		_____	
Member Status (Check One)		Gender:		Ethnicity: (Circle One)	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member <input type="checkbox"/> Former Member <input type="checkbox"/> Non-Member		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Asian <input type="checkbox"/> African American Other: _____	
Birth Date		Grade (08-09)		School	
____/____/____		_____		Branson Hollister Reeds Spring Forsyth Taneyville Bradleyville Other: _____	
Has your child been a member of a Boys & Girls Club Previously?			If Yes, Where?		# of Years
<input type="checkbox"/> Yes <input type="checkbox"/> No			_____		_____

Head of Household Information			
First Name		Last Name	Cell Phone #
_____		_____	_____
Employers Name & Physical Address		Occupation	Work # and ext or dept
_____		_____	_____
Home Address (if different than members)		City	State
_____		_____	_____

Other Parent or Guardian Information			
First Name		Last Name	Cell Phone #
_____		_____	_____
Employer's Name & Physical Address		Occupation	Work # and ext or dept
_____		_____	_____
Home Address (if different than members)		City	State
_____		_____	_____

Please turn over to complete the application!

Member Lives With: (Circle One)

Both Parents	Parent/and or Step-Parent	Mother	Father
Grandparent	Guardian	Foster Parent(s)	Other: _____

Family Totals	Sisters	Brothers	Household

Medical Problems/Allergies (Please Print)

List all Medications Your Child Is Currently Taking:

Physician:

Physician's Phone

Hospital Or Clinic:

Hospital/Clinic Phone

Do You Have Insurance? Yes No Insurance Company:

Policy Number

Does Your Child Know How To Swim? Yes No
(Please Answer -Regards Field Trips)

Person's Authorized To Pick-Up My Child Other Than Parents/Guardians

1.	First Name <input style="width: 150px; height: 20px;" type="text"/>	Last Name <input style="width: 150px; height: 20px;" type="text"/>
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2.	First Name <input style="width: 150px; height: 20px;" type="text"/>	Last Name <input style="width: 150px; height: 20px;" type="text"/>
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Because the club is continually growing we want to know what your child is interested in. Please Circle the activities that your child is interested in or actively participates in

<input type="checkbox"/> Honor Roll	<input type="checkbox"/> Football	<input type="checkbox"/> Tennis	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Boy/Girl Scouts	<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Dance
<input type="checkbox"/> Choir	<input type="checkbox"/> Soccer	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Other Sports
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Golf	_____

Annual Household Income: (Statistical Use Only)

\$0-\$18,000	\$18,000-\$25,000	\$25,000-\$35,000	\$35,000-\$45,000	\$45,000+
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Check Programs Which Apply to your family: (Statistical Use Only)

<input type="checkbox"/> SSDI	<input type="checkbox"/> FOOD STAMPS
<input type="checkbox"/> SSI	<input type="checkbox"/> GENERAL ASSISTANCE
<input type="checkbox"/> TANF	<input type="checkbox"/> SCHOOL LUNCH PROGRAM
<input type="checkbox"/> DAYCARE VOUCHER	<input type="checkbox"/> VETERANS COMPENSATION

Parent Info

<input type="checkbox"/> Veteran (Father)	<input type="checkbox"/> Rotary
<input type="checkbox"/> Veteran (Mother)	<input type="checkbox"/> B&G Club Alumni
<input type="checkbox"/> Elk's Club	<input type="checkbox"/> Other Clubs
<input type="checkbox"/> Lion's Club	<input type="checkbox"/> Active Volunteer
	<input type="checkbox"/> Future Volunteer

Please read carefully...

I understand that Club policy in case of medical emergency is to contact parents/guardians to approve medical treatment. In the case that I cannot be contacted, I give permission for the Staff of the Boys & Girls Club of the Ozarks to seek medical attention (including 911 and ambulatory services) for my child while my child is attending the Club or a Club function.

Yes No Parent/Guardian Initials _____

I have read the completed application, have read & received the Parent/Member Handbook and have reviewed a copy of the Responsible Computer Use Guidelines and I know I am responsible for Club rules at the Boys & Girls Club of the Ozarks. I request that my son/daughter be admitted into membership. I agree that the Boys & Girls Club of the Ozarks will not be responsible for any accident to my child while on the premises or while engaged in any of it's activities away from the Boys & Girls Club of the Ozarks. I give my consent for photographs, in which my son/daughter may appear, to be used by the Boys & Girls Club of the Ozarks for promotional/marketing purposes. I agree to allow my child to participate in non-denominational, religiously oriented classes if they choose to do so, as well as National Boys & Girls Clubs programs, testing and/or surveys. I also agree to pay any fees on a timely basis. Please note that membership may be revoked due to dangerous member behavior at the request of the Directors.

Parent/Guardian Signature

Club member signature

Date

Please list any additional emergency contact information or additional people authorized to pick up your child here.