



| MEMBER INFORMATION | | | |
|--|---|--|---------------------------|
| First Name | Middle | Last Name | Nick Name |
| Address | | | |
| City | | State | Zip |
| Parent / Guardian E-Mail Address: | | | |
| Gender <input type="checkbox"/> male <input type="checkbox"/> female | Ethnicity (Check one) <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Somali <input type="checkbox"/> African/American <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____ | | |
| Date of Birth: Month / Day / Year | | OFFICE USE ONLY | |
| Teacher / Advisor: | | DATE: _____ | |
| School: | | PAID \$ _____ PAYMENT TAKEN BY: _____ | |
| Bus Service Requested <input type="checkbox"/> yes <input type="checkbox"/> no (Signed Permission Slip Required) | | Paid By: <u>Check</u> _____ # _____ | |
| Age Group <input type="checkbox"/> 6 years <input type="checkbox"/> 10-13 years <input type="checkbox"/> 7-9 years <input type="checkbox"/> 14-18 years | | <u>Cash</u> _____ <u>Scholarship</u> _____ | |
| Grade Level | | Membership # _____ | |
| Eligible for free or reduced school lunch? <input type="checkbox"/> yes, free <input type="checkbox"/> yes, reduced cost <input type="checkbox"/> no <input type="checkbox"/> don't know | | Status: <input type="checkbox"/> Active <input type="checkbox"/> Non-Active <input type="checkbox"/> Suspended | |
| | | Entry Date: _____ (mm/dd/yy) | |
| | | Expiration Date: _____ (mm/dd/yy) | |
| | | Type: <input type="checkbox"/> Regular <input type="checkbox"/> Summer-Only <input type="checkbox"/> YEP | |
| | | Membership: <input type="checkbox"/> New <input type="checkbox"/> Renewal | |
| | | Data Entered By (initials) _____ | |
| | | Application Received By (initials) _____ | |
| | | Membership Card Issued: _____ | |
| CONTACT INFORMATION | | | |
| (MUST HAVE TWO DIFFERENT NAMES - PRIMARY AND EMERGENCY) | | | |
| Parent/Guardian <small>Circle Relationship to member. (mom / dad / aunt / uncle / brother /sister / other) PRIMARY CONTACT</small> | First Name | Last Name | Occupation/Employer Name: |
| | Home Phone | Work Phone | Cell Phone |
| Parent/Guardian <small>Relationship to member:</small> | First Name | Last Name | Occupation/Employer Name: |
| | Home Phone | Work Phone | Cell Phone |
| Emergency Contact <small>Relationship to member:</small> | First Name | Last Name | Occupation/Employer Name: |
| | Home Phone | Work Phone | Cell Phone |



MEDICAL INFORMATION

| | | |
|--|------------------|--|
| Clinic Preference | Phone | Permission for Doctor/Hospital Care if needed? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does your family qualify for Medical Assistance/MN Care <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know | | |
| Does your child have serious health problems? <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, explain: | |
| Does your child take medication (s)? <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, explain: | |

GENERAL INFORMATION

| | |
|---|---|
| Member has permission to be used in public relations materials (TV, Radio commercials, photos for newsletters, printed materials & the BGCR website) <input type="checkbox"/> yes <input type="checkbox"/> no | What year did your child <i>first</i> join the Boys and Girls Club? <input type="checkbox"/> first time member (or) _____ year first joined |
| Member may participate in all Club activities in or near the Club building <input type="checkbox"/> yes <input type="checkbox"/> no | |

HOUSEHOLD INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|----|-----|--------------------------|--------------------------|----------|--------------------------|--------------------------|-----|--------------------------|--------------------------|----------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|------------|--|--|--|---|
| Who does child CURRENTLY live with? <i>(Check all that apply)</i> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Mom</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Step Mom</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dad</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Step Dad</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Grandparent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Who? _____</td> <td></td> <td></td> </tr> </table> | | Yes | No | Mom | <input type="checkbox"/> | <input type="checkbox"/> | Step Mom | <input type="checkbox"/> | <input type="checkbox"/> | Dad | <input type="checkbox"/> | <input type="checkbox"/> | Step Dad | <input type="checkbox"/> | <input type="checkbox"/> | Grandparent | <input type="checkbox"/> | <input type="checkbox"/> | Other: | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____ | | | How many people live in your household? _____ | Is household headed by a single Parent? <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | |
| Mom | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Step Mom | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Dad | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Step Dad | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Grandparent | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Who? _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CUSTOM | | | | | | | | | | | | | | | | | | | | | | | | | |
| | First language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Other (what language?) _____ | | | | | | | | | | | | | | | | | | | | | | | | | |

I certify that all the answers on this application are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information. I accept that it is my responsibility to monitor my child's participation in Club activities based on any physical/medical limitations that would inhibit his/her participation. I further understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club, and that the Boys & Girls Club and its property are not responsible for personal injury or loss of property. I further agree to release and hold harmless the Boys & Girls Club of Rochester, institutions and references listed above, any law enforcement agency, from all liability and any damage that may result from furnishing this information to you. Furthermore, I hereby give my permission for the Superintendent of the Rochester Public Schools, and/or his/her agents to communicate school academic and behavioral information to the approved representative of the Boys & Girls Club, who is interested in my child's education and welfare, for the purpose of providing educational assistance and enhancement to my child whose name is listed below. Such information is to be used only by the same and said representative of the Boys & Girls Club, and said Boys & Girls Club is not to transfer such information to other agencies without consent of the undersigned or other person(s) having legal authority.

Parent Signature

Date