



MEMBERSHIP APPLICATION

Boys & Girls Club of Johnson
City/Washington County

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____

Address: _____ At this Address Since: _____

City: _____ State: _____ Zip: _____ In Area Since: _____

Telephone: _____ Birth Date: _____

Child Soc. Sec. Number: _____ New or Renewal Member: _____

School Information:

Current School: _____ Current Grade: _____ Current GPA: _____

Current Teacher: _____ Food Program: _____

Emergency Contacts:

Name: _____ Name: _____

Phone: _____ Ext. _____ Phone: _____ Ext. _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Doctor/Hospital Yes No

Measles Shot Mumps Shot Rubella Shot Polio Shot D-P-T Shot

Does your family have health and/or accident insurance: Yes No

Child's Insurance Carrier: _____

Policy #: _____ Group#: _____

Serious Health Problems: Yes No

If yes, explain:

General:

Birth Certificate on File: Yes No Birth City: _____ Birth State/County: _____

Parent Understood Signed Insurance Disclaimer and Permission Statement: Yes No

My child has permission to be used in public relations materials: Yes No

My child may participate in all Boys & Girls Club activities in or adjacent to the club building: Yes No

Persons Authorized to Pick up Child:

Do You Belong to:

Boy Scouts or Girl Scouts School Club YMCA or YWCA Church Group

Religion: _____ Other: _____

Will you attend club: (check one)

Year-around Only during School Year

Only during Holidays or Summer

Do you have a job? (check one) None

Summer Part-time Year-around Part-time

Summer Full-time Year-around Full-time

Club Member Since: _____ Last Grade Attended if No School: _____

Belong to Another BG Club: _____ Yes _____ No City: _____ State: _____

Last Year Attended: _____ How long a Member in Years: _____

Another BG Still a Member: _____ Yes _____ No

Reason(s) for joining: Fun Learning Sports Other: _____

Guardian/Parent 1

Relationship: _____

Name: _____

SSN: _____

Employer: _____

Occupation: _____

Work Address: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Phone 3: _____ Type: _____

Guardian/Parent 2

Relationship: _____

Name: _____

SSN: _____

Employer: _____

Occupation: _____

Work Address: _____

Phone 1: _____ Type: _____

Phone 2: _____ Type: _____

Phone 3: _____ Type: _____

Household:

Annual Gross Household Income: _____

Do you live with your: Mom Step Mom Dad Step Dad Grandparent Other: _____

Is there a Member of the Household 65 years old or Older: _____ Yes _____ No

Is there a Member of the Household handicapped: _____ Yes _____ No

Current Head of Household: _____ Female _____ Male Current Single Parent: _____

Current Housing Area: _____ Current Number at Home: _____

Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____ Race: _____ Gender: _____ Male _____ Female

Receipt Number: _____ Staff Name: _____

Date Paid: _____ Date Paid in Full: _____

Check: _____ Cash: _____

Scholarship: _____ : _____

Disclaimer:

The Boys & Girls Clubs of Johnson City/Washington County is not responsible or liable in any way in the event of harm or injury occurring to the child. It is agreed that the parent or guardian will not hold Boys & Girls Clubs of Johnson City/Washington County responsible for the welfare or whereabouts of the child. If the Parent or Guardian does file a complaint against the Club, the Parent or Guardian agrees to pay for Boys & Girls Clubs of Johnson City/Washington County legal fees.

Parent's Signature: _____ Child's Signature _____