

MEMBERSHIP APPLICATION

Boys & Girls Clubs of South Central Texas

All fields must be completed and have an updated copy of shot record to be accepted

Please check one: New member _____ Renew _____ Update Info _____

First Name: _____ Middle: _____ Last: _____

Nickname: _____ Gender: ___M ___F T-Shirt Size: _____

Race: _____ Ethnicity: ___Hispanic ___Not Hispanic DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

MOTHER'S INFORMATION

Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____

FATHER'S INFORMATION

Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Additional Detailed Information

Names of Adults With Whom Club Member May Leave:

Relationship to Member

_____	Phone: _____	_____
_____	Phone: _____	_____
_____	Phone: _____	_____
_____	Phone: _____	_____

NAMES OF PERSONS WITH WHOM CLUB MEMBER IS TO HAVE NO CONTACT:

School Information:

Current Teacher: _____

School: _____ Grade: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Date of Last Medical Exam: _____

Permission for Treatment by Doctor/Hospital: ___Yes ___No

Does your family have health and/or accident insurance: ___Yes ___No Medicaid: ___Yes ___No

Insurance Carrier: _____ Insurance Phone: _____

Policy #: _____ Group#: _____

Date Health Info Received: _____

Serious Health Problems: ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No If Yes, explain: _____

General:

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

Member may participate in all Club activities in or adjacent to the club building: Yes No

Does child receive free or reduced lunch at their school? Yes No

List of siblings in home:

Grade:

School:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physical:

Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Skin Color/Features: _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: Mom Step Mom Dad Step Dad Grandparent
 Foster parent(s) Other: _____

Housing Development: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

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

Current Head of Household: Female Male Both

Number in Household: _____ Number in Household under 18: _____

Is there a Member of the Household Handicapped: Yes No

Current Single Parent: Yes No

Does the Child have a disability: Yes No

Disclaimer:

The Boys & Girls Clubs of South Central Texas is not responsible or liable in any way in the event of harm or injury occurring to the member during any programming activity on or off site to include field trips and swimming. It is agreed that the parent or guardian will not hold Boys & Girls Clubs of South Central Texas responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Clubs of South Central Texas legal fees. I understand that my child will have access to club computer equipment and internet use and they will be held accountable for violation of any rules of the club; I also understand that my child and I will be responsible for any damages caused to any/all equipment. I understand the club is an open-campus and not responsible for the time or manner in which he/she may arrive at or leave the club, and that BGCST is not responsible for injury, medical expense, or loss of personal property while this member is participating in club activities as stated above. I understand that BGCST is a drug/alcohol free zone and that persons who violate this policy will be dealt with sternly. **I understand the Club may charge additional activity fees including additional fees for summer participation. BGCST IS NOT A LICENSSED DAYCARE.** I have received a copy of the club rules sheet and will cover them with my child. Lastly, I understand that **ALL fees are non-refundable once paid.**

Authorization for Service

I have been provided information on the DFPS Prevention and Early Intervention Program and wish to receive services. I understand that data on my youth/family will be collected, maintained and entered into a secure database. The information will be utilized to track services, for evaluation purposes and to ensure quality services are being provided. If I do not want my information entered into the database I may request to sign a separate form stating my objection.

Parent Signature

Date

Parent/Guardian Signature: _____ **Member's Signature:** _____

FOR OFFICE USE ONLY

Membership #: _____

Unit: _____

Entry Date: _____

Expiration Date: _____

Status: _____

Type: _____

New/Renewal Member: _____

Processed by: _____