

Membership #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## BOYS & GIRLS CLUB OF BETHLEHEM MEMBERSHIP APPLICATION

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender:  M  F Ethnicity: \_\_\_\_\_ DOB: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

SSN: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### School Information:

Current Teacher: \_\_\_\_\_ Current Grade \_\_\_\_\_

School: \_\_\_\_\_ Fee Level: \_\_\_\_\_

### Medical Information:

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital:  Yes  No Medicaid:  Yes  No

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

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group#: \_\_\_\_\_

Does Member have any Special Needs/Health Issues:  Yes  No

If Yes, Explain: \_\_\_\_\_

Does member take any Medications:  Yes  No

If Yes, explain: \_\_\_\_\_

### General:

Birth Certificate on File:  Yes  No Birth City: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

### Disclaimer:

The Boys & Girls Clubs of Bethlehem is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Club of Bethlehem 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 Club of Bethlehem's legal fees.

Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement:  Yes  No

Member has permission to be used in public relations materials (brochures, website etc.):  Yes  No

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

### Physical:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Household:**

***NOTE: This information is collected for Grant writing purposes ONLY and will not be made public***

Member lives with:  Mom  Step Mom  Dad  Step Dad  Grandparent  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+ _____

Number of people living in your Household: \_\_\_\_\_

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  Both

Current Single Parent:  Yes  No

**Contact #1:**

Is this Person a Parent or Guardian(please circle)  
 Can this Person be called in an Emergency?: \_\_\_\_\_  
 Is this Person Authorized to Pickup Member: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address H: \_\_\_\_\_  
 Address W: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relationship to member: \_\_\_\_\_  
 Phone: \_\_\_\_\_ home/work/cell  
 Phone: \_\_\_\_\_ home/work/cell  
 Phone: \_\_\_\_\_ home/work/cell

**Contact #2:**

Is this Person a Parent or Guardian(please circle)  
 Can this Person be called in an Emergency?: \_\_\_\_\_  
 Is this Person Authorized to Pickup Member: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address H: \_\_\_\_\_  
 Address W: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relationship to member: \_\_\_\_\_  
 Phone: \_\_\_\_\_ home/work/cell  
 Phone: \_\_\_\_\_ home/work/cell  
 Phone: \_\_\_\_\_ home/work/cell

**Contact #3:**

Is this Person a Parent or Guardian(please circle)  
 Can this Person be called in an Emergency?: \_\_\_\_\_  
 Is this Person Authorized to Pickup Member: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address H: \_\_\_\_\_  
 Address W: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relationship to member: \_\_\_\_\_  
 Phone: \_\_\_\_\_ home/work/cell  
 Phone: \_\_\_\_\_ home/work/cell  
 Phone: \_\_\_\_\_ home/work/cell

**Contact #4:**

Is this Person a Parent or Guardian(please circle)  
 Can this Person be called in an Emergency?: \_\_\_\_\_  
 Is this Person Authorized to Pickup Member: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address H: \_\_\_\_\_  
 Address W: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relationship to member: \_\_\_\_\_  
 Phone: \_\_\_\_\_ home/work/cell  
 Phone: \_\_\_\_\_ home/work/cell  
 Phone: \_\_\_\_\_ home/work/cell

**Parent/Guardian Signature:** \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_