



**BOYS & GIRLS CLUB
OF SALEM
MARION AND POLK COUNTIES**

MEMBERSHIP APPLICATION

For office use only

Membership #: _____
 A – Athletics S – Swegle
 E – Eastwood W – West Salem
 Z – Keizer T – Wipper
 K – Knudson B – Woodburn
 R – Richmond Change of unit

Please complete form **in ink** in full and write clearly.
 Incomplete forms will not be accepted and membership will be denied.

MEMBER INFORMATION

Last name of youth: _____ First name: _____ Middle: _____
 Birthdate (mm/dd/yyyy): ____/____/____ Gender: Male Female
 Ethnicity: Caucasian African American Hispanic Native American Asian Pacific Islander Mixed heritage Other
 Has been member before: Yes No Other member of same household is a member: Yes No

SCHOOL AND OTHER ACTIVITIES

School: _____ Grade: _____
 Other organizations youth belongs to: Scouts YMCA YWCA Campfire 4H Other: _____

CONTACT INFORMATION

Youth's address: _____ City: _____ State: _____ Zip: _____
 Phone number: (____) _____ e-mail address: _____

PRIMARY CONTACT

Name: _____
 Relationship to member: _____
 Parent / Guardian: Yes No
 Person authorized to pick up member: Yes No
 Home address: _____
 Employer: _____
 Work address: _____
 H phone: _____ Cell phone: _____
 W phone: _____ e-mail: _____

SECONDARY CONTACT

Name: _____
 Relationship to member: _____
 Parent / Guardian: Yes No
 Person authorized to pick up member: Yes No
 Home address: _____
 Employer: _____
 Work address: _____
 H phone: _____ Cell phone: _____
 W phone: _____ e-mail: _____

OTHER EMERGENCY CONTACT (other than family member)

Name: _____
 Relationship to member: _____
 Parent / Guardian: Yes No
 Person authorized to pick up member: Yes No
 H phone: _____ Cell phone: _____
 W phone: _____ e-mail: _____

PERSON(S) NOT AUTHORIZED TO CONTACT MEMBER (if applicable)

Name: _____
 Description: _____

MEDICAL INFORMATION

Doctor name: _____ Doctor phone: _____
 Permission for treatment by doctor / hospital: Yes No Do you have Medicaid: Yes No
 Does your family have health and/or accident insurance: Yes No
 Insurance Carrier: _____ Insurance Carrier Phone: _____
 Policy #: _____ Group #: _____
 Serious health problems (including allergies): Yes No If yes, please explain:

 Medications: Yes No If yes, please explain:

HOUSEHOLD INFORMATION

PLEASE TURN!

This information is collected for grant writing purposes ONLY and is strictly confidential.

Member lives with:

Both parents Mother ONLY Father ONLY Parent & step parent Foster parent Other, specify:

Number of members in household: _____ Number of children under age 18: _____

Is a member of the household 65 years old or older: Yes No Is a parent or guardian a member of the military: Yes No

Does the member currently receive: Free lunch Reduced price lunch Neither

Annual combined household income:

\$0 – \$5,000 \$5,001 – \$12,000 \$12,001 – \$22,000 \$22,001 – \$32,000 \$32,001 – \$40,000 \$40,001+

Please initial for approval or mark N/A

_____ I hereby give permission for my child to be photographed, videotaped, and/or interviewed for use by the BGC and BGCA in productions, marketing, training, services, and similar purposes. I understand that my child will receive no compensation or consideration for the release, and that **I can revoke this right at any time in writing.**

_____ I hereby give permission for the BGC to have access to my child's teachers, grades, and/or report cards in conjunction with programs related to education and case management.

_____ I agree that if my son or daughter needs to be picked up due to illness, injury, or suspension, I will pick up my child or arrange to have him/her picked up within 30 min.

_____ I understand that the Club, its employees and agents, shall not be responsible for any losses of personal property.

_____ I have received a Parent Handbook and agree to all rules and requirements of Boys & Girls Club membership.

_____ I hereby grant my consent for my child to participate in surveys or other program evaluation mechanisms instituted by the Boys & Girls Club. I understand all results will be kept strictly confidential.

_____ Member may participate in all Boys & Girls Club activities in or adjacent to the Club building.

_____ I may be asked to join Boys & Girls Club Parent Committee and would like to have more information about it.

Disclaimer

BGC has an **OPEN DOOR POLICY**. Members are allowed to leave the Club property when they please. The Club assumes no responsibility for members who choose not to come on a particular day or who choose to leave early. Club supervision only occurs within our building. If you want your child to remain in the Club at all times, please instruct him/her not to leave. Arrangements should also be made for your child's transportation to and from the club, unless s/he is allowed to walk.

As a parent and/or guardian of the applying member (I), I agree the Boys & Girls Club of Salem, Marion and Polk Counties (BGC) shall not be held responsible or liable in the event of harm or injury to the applying member. This also includes the applying member's welfare and/or whereabouts. If I file a complaint against BGC, I agree to pay for the applicable legal expenses on behalf of BGC.

I hereby grant permission for my child to become a member of BGC. I certify that I am the child's parent and/or guardian and have full power, right, and authority to enter into this release on behalf of the child and understand all applicable terms, conditions, and provisions.

Parent's Printed Name

Parent's Signature

Date

FOR OFFICE USE ONLY:

Paid: Yes No

Membership type (circle all that apply):

New Renewal HSC Scholarship Outreach Military

Data entered on: ____/____/____ By: _____ Data entered on: ____/____/____ By: _____