

## **MEMBERSHIP APPLICATION Boys & Girls Club of Plymouth**

**2017 - 2018** 

New Member Ren

Member # Member Fee \$ <b>Age</b> (in years)
Processed by

Member First Name:     Middle:     Last:       Gender:     M     F Ethnicity: Asian, Black, Hispanic, white, biracial, native American, Pacific Islander, other non-white (circle one)       Street Address:     City:       State:     Zip:     Children in Household #     Member DOB: MM/ DD/ YYYY:     /     /       State:     Zip:     Children in Household #     Member DOB: MM/ DD/ YYYY:     /     /       Main Contact Parent/Guardian:     relationship:     —       Home Phone:     Work Phone:     Mobile Phone:       Home Phone:     Work Phone:     Mobile Phone:       Alternate emergency contact (other than parent/guardian household)     at #()     or ()       School Information:     circle one       School:     Grade (K-12):     School lunch: (meals) free, reduced, Not Applicable       Medical Information:       Doctor Name (for member):     Doctor Phone:       Permission for Treatment by Doctor/Hospital:     Yes     No       Medical Information:     Medical member in the problems/Allergies:     Yes     No       Does your family have health and/or accident insurance:     Yes     No       Insurance Carrier:     —       Policy #:     Group#:       Serious Health Problems/Allergies:     Yes     No     If Yes, explain:	Parent Email:
Street Address: City: State: Zip: Children in Household # Member DOB: MM/ DD/ YYYY: / /	Member First Name: Middle: Last:
State: Zip: Children in Household # Member DOB: MM/ DD/ YYYYY: / /	Gender:MF Ethnicity: Asian, Black, Hispanic, white, biracial, native American, Pacific Islander, other non-white (circle one)
Main Contact Parent/Guardian:	Street Address: City:
Home Phone: Work Phone: Mobile Phone: Plationship to member Home Phone: Work Phone: Mobile Phone: Mobile Phone: Mobile Phone: Alternate emergency contact at #() or () (other than parent/guardian household)	State: Zip:Children in Household # <b>Member DOB</b> : MM/ DD/ YYYY: / /
2nd Contact Parent/Guardian: relationship to member   Home Phone:	Main Contact Parent/Guardian: relationship:
Home Phone:	Home Phone: Work Phone: Mobile Phone:
Alternate emergency contact (other than parent/guardian household) (name)  School Information:  School Information:  Grade (K-12): School lunch:(meals) free, reduced, Not Applicable  Medical Information:  Doctor Name (for member): Doctor Phone: Permission for Treatment by Doctor/Hospital: Yes No	2 <sup>nd</sup> Contact Parent/Guardian: relationship to member
School Information:  School: Grade (K-12): School lunch:(meals) free, reduced, Not Applicable  Medical Information:  Doctor Name (for member): Doctor Phone: Permission for Treatment by Doctor/Hospital:Yes No	Home Phone: Work Phone: Mobile Phone:
School Information:  School: Grade (K-12): School lunch:(meals) free, reduced, Not Applicable  Medical Information:  Doctor Name (for member): Doctor Phone: Permission for Treatment by Doctor/Hospital:Yes No	Alternate emergency contact at #() or ()_
School Information:  School:  Grade (K-12):  School lunch:(meals) free, reduced, Not Applicable  Medical Information:  Doctor Name (for member):  Permission for Treatment by Doctor/Hospital:  Permission for Treatment by Doctor/Hospital:  Permission for Treatment by Doctor/Hospital:  YesNo	(other than parent/guardian household) (name) relationship
School: Grade (K-12): School lunch:(meals) free, reduced, Not Applicable  Medical Information:  Doctor Name (for member): Doctor Phone:  Permission for Treatment by Doctor/Hospital:YesNo	
Medical Information:  Doctor Name (for member): Doctor Phone:  Permission for Treatment by Doctor/Hospital:YesNo	
Doctor Name (for member): Doctor Phone: Permission for Treatment by Doctor/Hospital:YesNo	School:Grade (K-12): School lunch:(meals) free, reduced, Not Applicable
Household: (check each that applies)  Member lives with:Mom & DadMom;Step Mom;Dad;Step Dad;Grandparent;	Doctor Name (for member): Doctor Phone:  Permission for Treatment by Doctor/Hospital:YesNo
Member lives with:Mom & DadMom;Step Mom;Dad;Step Dad;Grandparent;	Medications:YesNo If Yes, explain:
	Household: (check each that applies)
Othor	Member lives with:Mom & DadMom;Step Mom;Dad;Step Dad;Grandparent;
Oulci	Other:

MEMBERSHIPS ARE FOR THE DURATION OF THE SCHOOL YEAR. REGULAR MEMBERSHIPS EXPIRE ON THE LAST DAY OF SCHOOL.

REGISTERED MEMBERS WHO ENROLL IN SUMMER CAMP HAVE THEIR MEMBERSHIPS EXTENDED TO AUGUST 31.

SCHOOL VACATION CAMPS, SUMMER CAMP, AND COMPASSZONE ARE ADDITIONAL CHARGES NOT COVERED BY THE MEMBERSHIP FEE.

Household: NOTE: This information is strictly confidential and collected for grant writing and fundraising purposes ONLY. Memberships are only \$25 per year due to these contributions.

OPTIONAL	\$0,000 - \$5,000	<b>\$30</b> ,	001 - \$35,000	\$60,0	01 - \$65,000	
Annual	\$5001 - \$10,000	\$35,	001 - \$40,000	\$65,0	01 - \$70,000	
Household Income	\$10,001 - \$15,000		001 - \$45,000		01 - \$75,000	
Level:	\$15,001 - \$20,000	\$45, <sup>0</sup>	001 - \$50,000	\$75,0	01 - \$80,000	
(check one)	\$20,001 - \$25,000	\$50, <sup>0</sup>	001 - \$55,000	\$80,0	01 - \$85,000	
	\$25,001 - \$30,000	\$55,i	001 - \$60,000	\$85,0	01 - \$90,000+	
FOR FINANCIAL AID					· · · · <del></del>	
Is there a Member of	in Household:the Household 65 years o	old or older:				
	the Household who is har				Van Na	
	sehold:Female ::Yes		Active	Villitary Parent:	YesNo	
Current Single Falent	163	110				
Computer Use Policy:						
Parent/Guardian has rea	ad, understood, and accep	oted Acceptable	Computer Use	Policy (front desk	)Yes No.	
Insurance and Liability	Disclaimer:					
It is agreed that the parent the member. If the Parent Club of Plymouth's legal for damages, injuries, lost ite	Plymouth is not responsible tor guardian will not hold the tor Guardian does file a corees. The Parent or Guardian or liabilities against the ludes any transportation who	e Boys & Girls Cl mplaint against the an of the member e Boys & Girls C	ub of Plymouth e Club, the Pare signed below w lub of Plymoutl	responsible for the value or Guardian agrees and releases and, Inc. and any other	welfare or whereabouts o les to pay for Boys & Girls all rights and claims for al ler agency involved in its	
	Parent/Guardian	signature				
General:						
Parent/Guardian Understo	ood, Signed Insurance and L					
Parent/Guardian gives permission to use member in positive publicity in video, print, and photos: Yes No						
Member may participate in all Club activities in or adjacent to the club building: Yes No						
	•	positive publicity in	video, print, and	I photos:		
Parent/Guardian <i>prin</i>	•	positive publicity in acent to the club b	video, print, and uilding:	I photos:	Yes No	
-	n all Club activities in or adja	positive publicity in acent to the club be	video, print, and uilding:	I photos:	Yes No Yes No	
Parent/Guardian <i>prin</i> Parent/Guardian <i>Sign</i>	n all Club activities in or adja	positive publicity in	video, print, and uilding:	I photos:	Yes No	
-	n all Club activities in or adja	positive publicity in acent to the club be	video, print, and uilding:	I photos:	Yes No Yes No	
-	n all Club activities in or adjant name:  ature:  (sign a	positive publicity in acent to the club be	video, print, and uilding:	I photos:	Yes No Yes No  Oate:	
Parent/Guardian Sign	n all Club activities in or adjant name:  ature:  (sign a	(print name	video, print, and uilding: e)	I photos:	Yes No Yes No  Pate:	