



# MEMBERSHIP APPLICATION

## Boys & Girls Club of Plymouth

### 2020 - 2021

New Member

Renewal

|                      |
|----------------------|
| Member # _____       |
| Member Fee \$ _____  |
| Age (in years) _____ |
| Processed by _____   |

**Parent Email:** \_\_\_\_\_

**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: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Main Contact Parent/Guardian:** \_\_\_\_\_ relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**2nd Contact Parent/Guardian:** \_\_\_\_\_ relationship to member \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Alternate emergency contact** \_\_\_\_\_ **at #**( ) \_\_\_\_\_ **or** ( ) \_\_\_\_\_  
(other than parent/guardian household) (name) relationship \_\_\_\_\_

|  |                   |
|--|-------------------|
| <b>School Information:</b>   | <b>circle one</b> |
| School: _____ Grade (K-12): _____ School lunch:(meals) free, reduced, Not Applicable |                   |

|  |
|--|
| <b>Medical Information:</b>  |
| Doctor Name (for member): _____ 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#: _____  |
| Serious Health Problems/Allergies: ___Yes ___No If Yes, explain: _____           |
| Medications: ___Yes ___No If Yes, explain: _____                                 |

|  |
|--|
| <b>Household: (check each that applies)</b>  |
| <b>Member lives with:</b> ___ Mom & Dad ___ Mom; ___ Step Mom; ___ Dad; ___ Step Dad; ___ Grandparent; |
| ___ 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.**

**OVER, PLEASE**

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

|                 |                           |                           |                            |
|-----------------|---------------------------|---------------------------|----------------------------|
| <b>OPTIONAL</b> | \$0,000 - \$5,000 _____   | \$30,001 - \$35,000 _____ | \$60,001 - \$65,000 _____  |
| Annual          | \$5001 - \$10,000 _____   | \$35,001 - \$40,000 _____ | \$65,001 - \$70,000 _____  |
| Household       | \$10,001 - \$15,000 _____ | \$40,001 - \$45,000 _____ | \$70,001 - \$75,000 _____  |
| Income          | \$15,001 - \$20,000 _____ | \$45,001 - \$50,000 _____ | \$75,001 - \$80,000 _____  |
| Level:          | \$20,001 - \$25,000 _____ | \$50,001 - \$55,000 _____ | \$80,001 - \$85,000 _____  |
| (check one)     | \$25,001 - \$30,000 _____ | \$55,001 - \$60,000 _____ | \$85,001 - \$90,000+ _____ |

**FOR FINANCIAL AID PURPOSES**

Number of individuals in Household: \_\_\_\_\_

Is there a Member of the Household 65 years old or older: \_\_\_ Yes \_\_\_ No

Is there a Member of the Household who is handicapped: \_\_\_ Yes \_\_\_ No

Current Head of Household: \_\_\_ Female \_\_\_ Male; Active Military Parent: \_\_\_ Yes \_\_\_ No

Current Single Parent: \_\_\_ Yes \_\_\_ No

**Computer Use Policy:**

Parent/Guardian has read, understood, and accepted Acceptable Computer Use Policy (front desk) \_\_\_ Yes \_\_\_ No.

**Insurance and Liability Disclaimer:**

The Boys & Girls Club of Plymouth is not responsible or liable in any way in the event of harm or injury occurring to the Club member. It is agreed that the parent or guardian will not hold the Boys & Girls Club of Plymouth 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 Plymouth's legal fees. The Parent or Guardian of the member signed below waives and releases all rights and claims for all damages, injuries, lost items, or liabilities against the Boys & Girls Club of Plymouth, Inc. and any other agency involved in its programs. This waiver includes any transportation which might be provided by the Boys & Girls Club of Plymouth or any other agency involved in its programs.

Parent/Guardian signature \_\_\_\_\_

**General:**

Parent/Guardian Understood, Signed Insurance and Liability Disclaimer and Permissions \_\_\_ Yes \_\_\_ No

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

Parent/Guardian *print* name: \_\_\_\_\_  
(print name)

Parent/Guardian *Signature*: \_\_\_\_\_ **Date**: \_\_\_\_\_  
(sign and date)

|                            |                   |                           |
|----------------------------|-------------------|---------------------------|
| <b>FOR OFFICE USE ONLY</b> | Entry Date: _____ | Membership #: _____       |
| Status: _____              | Type: _____       | New/Renewal Member: _____ |